

Misc (Chart-wide) No Saved Notes

[Edit](#)**Intake****Informant/Relationship****Vitals**Weight lbs oz

+

Height in

+

Blood Pressure s / d

+

Unspecified Location ▾

Sitting ▾

Pulse bpm

+

BMI

[➔ More](#)**Vital Notes****Growth Charts**

Growth Charts are not available when patient's sex is unknown.

Family Medical History (Chart-wide)[Edit](#)

Condition	Relationship	Note

Problem List (Chart-wide)

Display: All Statuses ▾

[Edit](#)

Status	Problem	Problem Note	Onset	Resolved

Allergies (Chart-wide)

Display: All Statuses ▾

[Edit](#)

Status	Allergy	Reaction	Onset	Resolved

PCC eRx Allergies (Chart-wide) Last Modified N/A

Display: All Statuses ▾

Status	Allergen	Reaction	Severity	Sensitivity Type	Onset	Resolved

Social History (Chart-wide) No Saved Notes[Edit](#)

► **Confidential Notes (Chart-wide)** No Saved Notes

[Edit](#)

Medical History (Chart-wide) No Saved Notes

[Edit](#)

Chief Complaint

Interim History

Medications

Current Medications

Medication History (Chart-wide) Last Modified N/A

Display: **All Statuses**

Status	Medication	Instructions	Start	Stop

ADHD Past Medical/Family History

Make All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ Birth History:

☐ ☐ ☐ Developmental History:

☐ ☐ ☐ Concerns about drug use?

☐ ☐ ☐ Does the patient see or has ever seen a cardiologist?

☐ ☐ ☐ Patient history of fainting, chest pain, palpitations?

☐ ☐ ☐ Patient history of chest pain or intolerance to exercise?

☐ ☐ ☐ Patient history of arrhythmia, cardiomyopathy, or heart defects?

- ☐ ☐ ☐ Patient with high blood pressure or heart murmur?

Yes No N/A

- ☐ ☐ ☐ Family history of academic problems or ADHD or other developmental issues?

- ☐ ☐ ☐ Family history of SIDS, sudden death, or heart attack before the age of 50?

- ☐ ☐ ☐ Family history of arrhythmia, cardiomyopathy or heart defects?

- ☐ ☐ ☐ add item

School/Home/Psych History

Select All

- ☐ School (grade, school, concerns)

- ☐ School accommodations or resources currently

- ☐ Relationship with peers/social function

- ☐ Relationship with parents/siblings

- ☐ Current resources used (Psychologist, CSW, Psychiatrist, Therapist, Tutor, Educational Specialists, Groups)

- ☐ add item

ADHD History

Select All

- ☐ Current medication used:

- ☐ Prior medication used:

notes

☐ Diagnosing provider and date:

notes

☐ Diagnostic tool and date:

notes

☐ add item

notes

ADHD Review of Systems

Make All: **NI** **Abn** **N/A**

NI Abn N/A

☐ ☐ ☐ Change in appetite

notes

☐ ☐ ☐ Mood

notes

☐ ☐ ☐ Behavior/Social

notes

☐ ☐ ☐ Tics

notes

☐ ☐ ☐ Sleep disturbances

notes

☐ ☐ ☐ add item

notes

Review of System - Notes

ADHD Physical Exam

Make All: **NI** **Abn** **N/E**

NI Abn N/E

☐ ☐ ☐ General appearance

notes

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Ears: Left	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Ears: Right	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Oropharynx	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cardiovascular	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Lungs	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Abdomen:	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Skin	<input type="text" value="notes"/>	▼
NI	Abn	N/E		<input type="text" value="add item"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="text" value="notes"/>	▼

ADHD Interventions Discussed Today

Select All

<input type="checkbox"/>	Consistency of medication administration	<input type="text" value="notes"/>	▼
<input type="checkbox"/>	Consistency of routine and schedule	<input type="text" value="notes"/>	▼
<input type="checkbox"/>	Regular, quiet place for study	<input type="text" value="notes"/>	▼
<input type="checkbox"/>	Communication with school re daily expectations	<input type="text" value="notes"/>	▼
<input type="checkbox"/>	Communication with school re overall progress	<input type="text" value="notes"/>	▼
<input type="checkbox"/>	Child study team involvement	<input type="text" value="notes"/>	▼

- ☐ 504 or IEP initiation/alteration

notes

- ☐ Sleep hygiene

notes

- ☐ Increase nutritious, high calorie foods

notes

- ☐ Continue with therapist

notes

- ☐ Follow with developmental pediatrician

notes

- ☐ Follow with psychiatrist

notes

- ☐ Resources given - AAP/PNP handout, CHADD...

notes

- ☐ add item

notes

ADHD Goals Discussed Today

Select All

- ☐ Continued academic progress and success

notes

- ☐ Continued development of appropriate social skills

notes

- ☐ Tolerance of medication without side effect

notes

- ☐ Maintain appropriate weight/growth

notes

- ☐ Maintain compliance with taking medication

notes

- ☐ Maintain compliance with every 3-6 mo follow up visit + well visits

notes

☐ add item ▼

notes ▼

Diagnoses

☐ Attention deficit hyperactivity disorder, combined type ✓ Include on Patient Reports

notes ▼

☐ Add to Problem List Onset: Problem Note:

☐ Attention deficit hyperactivity disorder, predominantly inattentive type

Refine the diagnosis of Attention deficit hyperactivity disorder, predominantly inattentive type ▼

✓ Include on Patient Reports

notes ▼

☐ Add to Problem List Onset: Problem Note:

☐ Attention deficit hyperactivity disorder, predominantly hyperactive impulsive type in remission ✓ Include on Patient Reports

notes ▼

☐ Add to Problem List Onset: Problem Note:

☐ select diagnosis ▼

notes ▼

Assessment and Plan Notes

Plan

Plan and Follow-up Instructions

Select All

☐ Risks and benefits of ADD/ADHD medication discussed

notes ▼

☐ Discussed stimulant medicine side effects: appetite suppression, sleep problems, elevation in hr/bp, rebound agitation and unmasking of tics

notes ▼

☐ Continue meds as above. Prescription as documented in eRx

notes ▼

☐ Medication changes:

notes ▼

☐ Follow up in 3 months

notes ▼

☐ Vanderbilt scales to be completed

notes ▼

☐ Discussed adding calorie supplements to sustain weight gain.

notes ▼

☐ Other recommended interventions:

notes ▼

☐ add item ▼

notes ▼

Greater than 50% of today's visit was spent in counseling

Select All

☐ > 15 minutes total (OV Regular/99213)

notes ▼

☐ > 25 minutes total (OV Detailed 99214)

notes ▼

☐ > 40 minutes total (OV Complex 99215)

notes ▼

☐ Other

notes ▼

☐ add item ▼

notes ▼

Screening

Order Vanderbilt - Parent Assessments

Order Vanderbilt - Teacher Assessments

Order select a screening ▼

Lab

Order	<input type="text" value="select a lab"/>	▼
-------	---	---

Medical Procedure

Order	<input type="text" value="select a medical procedure"/>	▼
-------	---	---

Forms

Generate	School Excuse - Appointment
----------	-----------------------------

Generate	School Nurse Meds Admin
----------	-------------------------

<input type="text" value="select a form"/>	▼
--	---

Referral

Order	<input type="text" value="select a referral"/>	▼
-------	--	---

Followup

Order	<input type="text" value="select a followup"/>	▼
-------	--	---

Immunizations**Vaccines**[Print](#)

	There are no immunizations recorded for this patient
Ordered	

Diseases

	There are no vaccine-preventable diseases for this patient
--	--

Forecasting Results Updated: NA☒ Show Informational Warnings(0)[Refresh](#)

	Immunization forecasting results and warnings provided by IMMUCAST™
--	---

▼ Vaccines For Children**Insurance and Race** as of 06/27/18

Eligibility Status:	<input type="text" value="select an eligibility status"/>	▼
---------------------	---	---

Immunization Orders

Order	Refuse	<input type="text" value="select an immunization"/>	▼
-------	--------	---	---

Time of Visit[Select All](#)

<input type="checkbox"/> Time spent in visit:	<input type="text" value="notes"/>	▼
---	------------------------------------	---

<input type="checkbox"/> Greater than 50% of today's visit was spent in counseling.	<input type="text" value="notes"/>	▼
---	------------------------------------	---

<input type="checkbox"/> add item	▼
-----------------------------------	---



Post Visit Addendum

Prescriptions

Visit Documents

Navigational Anchors in ADHD

1. Next Visit Info
2. Intake
3. Vitals
4. Allergies
5. PCC eRx Allergies
6. Social History
7. Confidential Notes
8. Medical History
9. Chief Complaint
10. Interim History
11. Medications
12. Past Medical/Family History
13. School/Home/Psych
14. ADHD History
15. Review of Systems - ADD
16. Physical Exam
17. PNP ADHD Anticipatory Guidance
18. Diagnoses
19. Plan
20. Screening
21. Time of Visit
22. Prescriptions
23. Visit Documents