

Forms**Informant/Relationship****Siblings (Chart-wide)**

None

Chief Complaint**Vitals**Height in Weight lbs oz

BMI

Blood Pressure s / d Unspecified Location Unspecified Position Pulse bpm Respiratory Rate bpm Temperature °F Unspecified Method **Comments****Growth Charts**

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

Growth Chart Review☐ Growth Chart Reviewed with parents☐ **Allergies (Chart-wide)**Display:

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

Past, Family, Social History**Medical History (Chart-wide)** No Saved Notes

Edit

Surgical History (Chart-wide) No Saved Notes

Edit

Family Medical History (Chart-wide)

Edit

Condition	Relationship	Note

Social History (Chart-wide) No Saved Notes

Edit

Problem List (Chart-wide)

Display: All Statuses ▾

Edit

Status	Problem	Problem Note	Onset	Resolved

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

Display: All Statuses ▾

Status	Medication	Instructions	Start	Stop

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

Edit

Transition of Care (ARRA)☐ Patient transitioned to my care from another clinical setting☐ Medication Reconciliation performed**HPI****EPPA ADD f/u HPI**

Overall response to treatment/meds:

notes ▾

Current Medication:

notes ▼

Daily or school days:

notes ▼

Current grade in school:

notes ▼

Academic performance:

notes ▼

Overall behavior at school:

notes ▼

Overall behavior at home:

notes ▼

Activities:

notes ▼

Screen time:

notes ▼

Prior ADD/ADHD Care Plan Goal: ADD/ADHD is well controlled and not limiting participation in home, friend, or school activities.

notes ▼

Potential barriers to meeting ADD/ADHD Care Plan Goal:

notes ▼

Any new patient preference and functional/life style goals:

notes ▼

parent/patient questions about meds:

notes ▼

OTC meds:

notes ▼

Other

notes ▼

EPPA ROS - Constitutional

Make All:

Yes No N/A

☐ ☐ ☐ Fatigue/Lethargy

☐ ☐ ☐ **Loss of Appetite**☐ ☐ ☐ **Not Sleeping Well**☐ ☐ ☐ **add item****EPPA ROS- Cardiovascular**Make All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ **Palpitations**☐ ☐ ☐ **Chest Pain**☐ ☐ ☐ **Dizziness during Exercise**☐ ☐ ☐ **Fainting during Exercise**☐ ☐ ☐ **add item****EPPA ROS - GI**Make All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ **Abdominal Pain**☐ ☐ ☐ **Nausea**☐ ☐ ☐ **Vomiting**☐ ☐ ☐ **add item**

EPPA ROS - NeurologicMake All:

Yes No N/A

- ☐
- ☐
- ☐
- Change in Language or Academic Performance

- ☐
- ☐
- ☐
- Changes in Mood, Attention, or Speech

- ☐
- ☐
- ☐
- Tremors or other Involuntary Movements

- ☐
- ☐
- ☐
- Dizziness

- ☐
- ☐
- ☐
- Headache Increase in Severity

- ☐
- ☐
- ☐
- Changes in Orientation, Memory, Insight, or Judgement

- ☐
- ☐
- ☐
- add item

EPPA ROS - PsychiatricMake All:

Yes No N/A

- ☐
- ☐
- ☐
- improvement in attentiveness

- ☐
- ☐
- ☐
- Impulsivity

- ☐
- ☐
- ☐
- Oppositional Behavior

- ☐
- ☐
- ☐
- Decreased interest in Social Activities and Hobbies that use to be Pleasurable

- ☐
- ☐
- ☐
- Sense of Worthlessness/ Decreased Self Esteem

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling Sad	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling worried or anxious	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Flat Affect/ Restriction of Emotions	notes	▼
Yes No N/A					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Emotional Liability	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling like people are out to get you	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Visual or Auditory Hallucinations	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Suicide Thoughts/Attempts	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Thoughts of Harm to Others	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	add item	notes	▼

Pertinent History**EPPA Pertinent Past Medical Hx**Make All:

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Anxiety	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Depression	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Learning disability/developmental delay	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Alcohol or drug use/abuse	notes	▼

☐ ☐ ☐

EPPA Pertinent Family HxMake All:

Yes No N/A

☐ ☐ ☐ **ADHD**

☐ ☐ ☐ **Depression**

☐ ☐ ☐ **Anxiety**

☐ ☐ ☐ **Drug Abuse**

☐ ☐ ☐ **Mental retardation/developmental disorders**

☐ ☐ ☐ **add item**

EPPA Pertinent Social HxMake All:

Yes No N/A

☐ ☐ ☐ **Domestic violence in home**

☐ ☐ ☐ **Drug/alcohol abuse in household**

☐ ☐ ☐ **Extreme social problems that can impact and determine health (e.g. lack of availability of resources to meet daily needs, access to education, economic and job opportunities; exposure to crime, violence, or other social disorder ; residential segregation; etc.)**

☐ ☐ ☐ **Family disruption**

☐ ☐ ☐ **Family stressors**

☐ ☐ ☐

Physical ExamMake All: **ABN** **NL** **N/E**

ABN NL N/E

☐ ☐ ☐ **General Appearance** ☐ ☐ ☐ **Head** ☐ ☐ ☐ **Eyes** ☐ ☐ ☐ **Neck** ☐ ☐ ☐ **Lungs** ☐ ☐ ☐ **Cardiovascular** ☐ ☐ ☐ **Musculoskeletal** ☐ ☐ ☐ **Neurologic**

ABN NL N/E

☐ ☐ ☐ **Policies**Display: **All Statuses** **Immunizations****Vaccines**

	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)

Immunization forecasting results and warnings provided by IMMUCAST™

▼ Vaccines For Children

Insurance and Race as of 06/27/18

Eligibility Status: select an eligibility status

Immunization Orders

Order

Refuse

FLU-IIV4 0.5ml

Order

Refuse

FLU-IIV4pf 0.5ml

Order

Refuse

select an immunization

Immunization Consent

Select All

- ☐
- Counseled on risks, benefits, and contraindications for all vaccine components. CDC VIS reviewed. All questions answered.

notes

- ☐
- add item

notes

Lab

Order

select a lab

Medical Procedure

Order

select a medical procedure

Screening

Order

Vanderbilt - Parent Assessments Follow-up- Provider Order Only

Order

Vanderbilt - Teacher Assessments Follow-up- Provider Order Only

Order

PHQ-9 Modified (12-17 years)

Order

SCARED - Child Version (Screen for Child Anxiety Related Disorder)

Order

SCARED - Parent Version (Screen for Child Anxiety Related Disorder)

Order

select a screening

Diagnoses

- ☐
- Anxiety disorder of childhood

Refine the diagnosis of Anxiety disorder of childhood

☒ Include on Patient Reports

notes

☐ Add to Problem ListOnset: Problem Note: ☐ Attention deficit hyperactivity disorder, combined type☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note: ☐ Attention deficit hyperactivity disorder, predominantly hyperactive impulsive type in remission☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note: ☐ Attention deficit hyperactivity disorder, predominantly inattentive type☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note: ☐ Depressive disorder☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note: ☐ select diagnosis**EPPA ADHD Plan****Select All**☐ Med changes:☐ PA PMAware queried for first time or new prescription for controlled substance☐ No cardiac risk factors☐ Reviewed growth charts/ VS☐ Reviewed general management re: school, homework, sleep, home issues, working with school

<input type="checkbox"/>		notes	▼
<input type="checkbox"/>	Reviewed side effects and purpose of medications	notes	▼
<input type="checkbox"/>	Reviewed recommendations for and reasons for daily med use 365d/y	notes	▼
<input type="checkbox"/>	Potential barriers to compliance with prescribed medication regimen discussed and recommendations reviewed	notes	▼
<input type="checkbox"/>	Reviewed targeted behaviors including improved/optimal school performance, improved social functioning and behavior in multiple settings outlined and discussed with family	notes	▼
<input type="checkbox"/>	Educational management changes:	notes	▼
<input type="checkbox"/>	Behavioral management changes:	notes	▼
<input type="checkbox"/>	Community resources reviewed and provided as indicated	notes	▼
<input type="checkbox"/>	Vanderbilt follow-up forms given for next visit	notes	▼
<input type="checkbox"/>	Therapist list given	notes	▼
<input type="checkbox"/>	Discussed risks of increased MVA in teens with ADHD who are not compliant with medication	notes	▼
<input type="checkbox"/>	Discussed illegality of medication diversion	notes	▼
<input type="checkbox"/>	Other	notes	▼
<input type="checkbox"/>	add item	notes	▼

Plan Notes

--

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

Select All
☐ add item
☐ notes
Followup**Order**

Follow up in 3 months

Order

select a followup

Referral**Order**

select a referral

Care Plan (Chart-wide)

Print

Display: All Statuses

Edit

No Interventions

EPPA ADHD Parent/patient instruction/information**Select All**

- ☐ REMEMBER THE FOLLOWING INFORMATION ABOUT ACHIEVING GOOD ADD/ADHD CONTROL:
- We have reviewed your child's medications, their purpose, dosing and possible side effects
- We have reviewed the Vanderbilt questionnaires and any other information you and his school has provided to us and discussed the results and the implications of those results to your child.
- We feel that optimum medication management for ADHD is for your child to take his medications every day, even on days he doesn't have school. He will benefit from being able to pay attention, being less distractable and less impulsive when at home and when interacting with his friends and family as much or more than when at school. The stimulant medications (concerta, vyvanse, adderall, ritalin, metadate, quilivant, methylphenidate, ritalin, etc.) should be given in the morning or rarely, after school if so instructed. These medications will have an effect lasting from 4-12hours depending on the medication. If given too late in the day, they may interfere with sleep. If your child has trouble falling asleep, please let us know. Melatonin, an over the counter medication, may be helpful and may be recommended by your doctor. Your child needs to get adequate sleep for his age. Regular bedtime, keeping the TV out of his bedroom and turning off all electronics at least 30minutes before bedtime will help to ensure a good night's sleep. Sleeplessness can present as inattention and hyperactivity in children and can worsen your child's symptoms. The stimulant medications can also affect your child's appetite. It is important that your child eat regular meals and that those meals all include protein. Breakfast is usually not affected by these medications, so be sure to provide your child a healthy breakfast. Children who eat breakfast have also been shown to do better in school. Lunch might not be a big meal for your child so provide healthy options which he can choose from. Your child will probably be hungry for dinner later than usual. Allow him to eat dinner at 7-8pm if that's when he is hungry. It is fine for him to sit with the family at dinner if he isn't hungry to be part of the family meal. If he is hungry later, give him the healthy foods he might have refused earlier. Children who take stimulant medications eat the same number of calories each day as those not on medication but at different times. Regular exercise is important for all children and even more so for those children with ADHD.
- We encourage you to use the parent portal if available through your schools to keep in contact with your child's teachers and to keep abreast of your child's progress in school. We have reviewed homework and study skills that may help your child be successful in school. It is important that your teenager take his medications daily. Those teen drivers with ADHD who don't take their medications have 5 times the risk of serious motor vehicle accidents. Please remember that stimulant medications used to treat ADHD are controlled substances. That means we cannot refill these medications by phone and cannot provide refills on your prescriptions. The FDA requires close monitoring of these medications and the prescriptions written. It is illegal to take these medications without a prescription or to share or sell these medications to anyone else. We are required to follow patients closely who are on these medications. We will follow your child at least every 3 months for as long as your child is taking these medications, whenever medication adjustments are needed and 1mo after any medication changes. Regular reports from you and your child's teachers are necessary for us to provide the best care for him. Vanderbilt forms will be available on the portal for you prior to each visit and will be given to you to give to your child's teacher at least a few times each year. Educational information for parents and children with ADHD is available on the parent portal and on our web site.

Community resources such as psychotherapist, local CHADD chapters and other information is also available and was reviewed today as indicated. If you have any questions regarding your child's medication, progress or other concerns, please call us. Whenever possible, make your child's follow up appointment prior to leaving the office to best accommodate your schedule.

notes ▼

☐ add item ▼

notes ▼

Prescriptions

Visit Documents

Navigational Anchors in ADHD f/u EPPA

1. Informant/Relationship
2. Siblings
3. Chief Complaint
4. Vitals
5. Growth Charts
6. Growth Chart Review
7. Allergies
8. Past, Social, Family History
9. Family Medical History
10. Social History
11. Problem List
12. Medication History
13. Transition of Care (ARRA)
14. HPI
15. ADD f/u HPI
16. EPPA ROS - Constitutional
17. EPPA ROS- Cardiovascular
18. EPPA ROS - GI
19. EPPA ROS - Neurologic
20. EPPA ROS - Psychiatric
21. Pertinent History
22. EPPA Pertinent Past Medical Hx
23. EPPA Pertinent Family Hx
24. EPPA Pertinent Social Hx
25. Physical Exam
26. Policies
27. Immunizations
28. Immunization Consent
29. Lab
30. Medical Procedures
31. Screening Orders
32. Diagnoses
33. ADHD Plan
34. Plan Notes
35. Greater than 50% of today's visit was spent in counseling
36. Followup Orders
37. Referral
38. Care Plan
39. Prescriptions