

Forms

select a form ▼

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

None

Chief Complaint**Vitals**Height in +Weight lbs oz +Blood Pressure s / d +

Unspecified Location ▼

Unspecified Position ▼

Pulse bpm +Respiratory Rate bpm +Temperature °F +

Unspecified Method ▼

More

Comments**Growth Charts**

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

Allergies (Chart-wide)

Display: All Statuses ▼

Edit

Status	Allergy	Reaction	Onset	Resolved

Past, Family, Social History**Medical 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

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

Display: All Statuses ▾

Status	Allergen	Reaction	Severity	Sensitivity Type	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 ADHD NEW HPI**[Select All](#)

- ☐ Pt having difficulty with attention both at home and at school

notes

▾

- ☐ Other Ed Psych evaluations reviewed if available

notes

▾

- ☐ NICHQ Vanderbilt Initial Parent and Teacher forms reviewed, scored and evaluated

notes

▾

- ☐ Onset of symptoms noted:

notes

▾

- ☐ Grade at school:

notes

▾

- ☐ Have teachers mentioned problems with attention, focus, directions:

notes 

- ☐ Is child on target for reading/math?

notes 

- ☐ Does your child get any special services at school?

notes 

- ☐ Has your child had behavior/discipline issues at school?

notes 

- ☐ Can your child pay attention during non-school activities

notes 

- ☐ Does your child have trouble paying attention at home?

notes 

- ☐ Is pt always in motion:

notes 

- ☐ Any unsafe behaviors currently or as a toddler?

notes 

- ☐ Can your child follow multi-step directions

notes 

- ☐ Does your child have trouble getting homework completed/handed in?

notes 

- ☐ Does your child have difficulty with organization?

notes 

- ☐ Does your child have trouble falling or staying asleep?

notes 

- ☐ Does your child lose things often?

notes 

- ☐ Does your child cry a lot or seem sad?

notes 

- ☐ Does your child worry a lot?

notes 

- ☐ How does your child get along with peers?

notes 

☐ add item

notes

EPPA ROS - ConstitutionalMake All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ Fatigue/Lethargy

notes

☐ ☐ ☐ Loss of Appetite

notes

☐ ☐ ☐ Not Sleeping Well

notes

☐ ☐ ☐ add item

notes

EPPA ROS- CardiovascularMake All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ Palpitations

notes

☐ ☐ ☐ Chest Pain

notes

☐ ☐ ☐ Dizziness during Exercise

notes

☐ ☐ ☐ Fainting during Exercise

notes

☐ ☐ ☐ add item

notes

EPPA ROS - GIMake All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ Abdominal Pain

☐ ☐ ☐ **Nausea**☐ ☐ ☐ **Vomiting**☐ ☐ ☐ **add item****EPPA ROS - Neurologic**Make All:

Yes No N/A

☐ ☐ ☐ **Change in Language or Academic Performance**☐ ☐ ☐ **Fine Motor Difficulty**☐ ☐ ☐ **Amnesia (Antegrade or Retrograde)**☐ ☐ ☐ **Change in Gait/ Coordination**☐ ☐ ☐ **Changes in Mood, Attention, or Speech**☐ ☐ ☐ **Tremors or other Involuntary Movements**☐ ☐ ☐ **Dizziness**☐ ☐ ☐ **Headache Increase in Severity**

Yes No N/A

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

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value="add item"/>	▼
			<input type="text" value="notes"/>	▼

EPPA ROS - PsychiatricMake All:

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Avoids or dislikes activities that require sustained mental effort	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Difficulty awaiting turn	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Difficulty sitting in seat	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Difficulty with quiet play	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Easily distracted by external stimuli	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fails to follow through/ complete activities	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fidgets/squirms	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Forgetful in daily activities	<input type="text" value="notes"/>	▼

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Does not pay attention to details or makes careless mistakes	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Interrupts	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Intrudes on personal space	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Loses things frequently	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Makes careless mistakes	<input type="text" value="notes"/>	▼

- ☐ ☐ ☐ On the go as if driven by a motor

notes ▼

- ☐ ☐ ☐ Poor self-esteem

notes ▼

- ☐ ☐ ☐ Talks excessively

notes ▼

Yes No N/A

- ☐ ☐ ☐ Unable to organize tasks

notes ▼

- ☐ ☐ ☐ Oppositional Behavior

notes ▼

- ☐ ☐ ☐ Impulsivity

notes ▼

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

notes ▼

- ☐ ☐ ☐ Feeling Sad

notes ▼

- ☐ ☐ ☐ Feeling worried or anxious

notes ▼

- ☐ ☐ ☐ Feelings of Elation

notes ▼

- ☐ ☐ ☐ Racing Thoughts

notes ▼

Yes No N/A

- ☐ ☐ ☐ Flat Affect/ Restriction of Emotions

notes ▼

- ☐ ☐ ☐ Suicide Thoughts/Attempts

notes ▼

- ☐ ☐ ☐ Thoughts of Harm to Others

notes ▼

- ☐ ☐ ☐ add item

notes ▼

EPPA Pertinent Past Medical HxMake All: **Yes** **No** **N/A**

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Anxiety	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Concussion	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Depression	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Learning disability/developmental delay	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Migraines/frequent headaches	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Murmur	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hypertension	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Thyroid disease	<input type="text" value="notes"/>	▼

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Motor/verbal tics	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hearing loss/hearing aids	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	In utero tobacco exposure	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Prematurity	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Alcohol or drug use/abuse	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	add item	<input type="text" value="notes"/>	▼
				<input type="text" value="notes"/>	▼

EPPA Pertinent Family HxMake All: **Yes** **No** **N/A**

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ADHD	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Depression	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Anxiety	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other mental illness	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Mental retardation/developmental disorders	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Unexplained sudden death	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Drug Abuse	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	add item	<input type="text" value="notes"/>	▼

EPPA Pertinent Social HxMake All: **Yes** **No** **N/A**

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Domestic violence in home	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Drug/alcohol abuse in household	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	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.)	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Family disruption	<input type="text" value="notes"/>	▼

☐ ☐ ☐ Family stressors

notes ▼

☐ ☐ ☐ add item

notes ▼

Physical Exam

Make All: **ABN** **NL** **N/E**

ABN NL N/E

☐ ☐ ☐ General Appearance

notes ▼

☐ ☐ ☐ Head

notes ▼

☐ ☐ ☐ Eyes

notes ▼

☐ ☐ ☐ Neck

notes ▼

☐ ☐ ☐ Lungs

notes ▼

☐ ☐ ☐ Cardiovascular

notes ▼

☐ ☐ ☐ Musculoskeletal

notes ▼

☐ ☐ ☐ Neurologic

notes ▼

ABN NL N/E

☐ ☐ ☐ Skin

notes ▼

☐ ☐ ☐ add item

notes ▼

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:

Immunization Orders[Order](#)[Refuse](#)

FLU-IIV4pf 0.5ml

[Order](#)[Refuse](#)

FLU-IIV4 0.5ml

[Order](#)[Refuse](#)**Immunization Consent**[Select All](#)

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

- ☐ add item

Policies

Display:

[Edit](#)**Lab**[Order](#)**Medical Procedure**[Order](#)**Screening**[Order](#)

Vanderbilt - Parent Assessments Initial- Provider Order Only

[Order](#)

PHQ-9 Modified (12-17 years)

[Order](#)

Vanderbilt - Teacher Assessments Initial- Provider Order Only

[Order](#)

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

[Order](#)

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

[Order](#)**Diagnoses**

☐ Anxiety disorder of childhood

Refine the diagnosis of Anxiety disorder of childhood

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

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

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

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

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: 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: mm/dd/yy

Problem Note: problem note

☐ Depressive disorder

Refine the diagnosis of Depressive disorder

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ select diagnosis

notes

EPPA ADHD Plan**Select All**☐ Initial vanderbilts reviewed and scored

notes

☐ Discussed ADHD in detail with patient/parent

notes

☐ Discussed treatment options including medication options and counselin

notes

- ☐ No cardiac risk factors

notes ▼

- ☐ Will start medications:

notes ▼

- ☐ PA PMAware queried for first time or new prescription for controlled substance

notes ▼

- ☐ Reviewed goal of treating with lowest dose to provide adequate sx control without adverse effects

notes ▼

- ☐ Reviewed side effects of meds including decreased appetite, temporary c/o headache, belly pain, emotional lability, interference with sleep; medication information sheet available if requested

notes ▼

- ☐ Reviewed black box warning

notes ▼

- ☐ Reviewed general management re: school, homework, sleep, home issues, working with school

notes ▼

- ☐ Reviewed recommendations for and reasons for daily med use 365d/y

notes ▼

- ☐ Potential barriers to compliance with prescribed medication regimen discussed and recommendations reviewed

notes ▼

- ☐ Reviewed targeted behaviors including improved/optimal school performance, improved social functioning and behavior in multiple settings outlined and discussed with family

notes ▼

- ☐ Educational management changes:

notes ▼

- ☐ Behavioral management changes:

notes ▼

- ☐ Community resources reviewed and provided as indicated

notes ▼

- ☐ Vanderbilt follow-up forms given for next visit

notes ▼

- ☐ Therapist list given

notes ▼

- ☐ Discussed risks of increased MVA in teens with ADHD who are not compliant with medication

notes



- ☐ Discussed illegality of medication diversion

notes



- ☐ add item

notes



PCMH Care Plan

Plan Notes

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

Select All

- ☐ add item

notes



Followup

Order

Follow up in 4 Weeks

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

- ☐ Your child has been evaluated today for attention deficit disorder. We have recommended some behavioral interventions and have discussed medications that may help your child's symptoms. If medication has been included in your child's treatment it is important that your child take these medications as prescribed. Since these medications are controlled substances, close follow up of your child is necessary. We will monitor his/her weight, blood pressure and any side effects of the medication at these visits. We have reviewed the Black Box warning on these medications with you. If at any time your child seems more depressed or complains of wanting to hurt himself, stop the medication and call us immediately. The medications commonly used for the treatment of ADD are usually very safe and effective when used appropriately. Do NOT alter the dose of medication without our approval. These medications are closely controlled by the Drug Enforcement Agency. We cannot refill these medications over the phone or without regular follow up appointments with your child. Sharing these medications with someone other than your child is illegal. Children with ADD can benefit greatly from the use of these medications in addition to ongoing behavioral and educational intervention. Please call us with any questions or if you notice any unacceptable side effects in your child

Community resources are available through our office or the portal.



Prescriptions

Visit Documents

Navigational Anchors in ADHD-Initial EPPA

1. Informant/Relationship
2. Chief Complaint
3. Vitals
4. Growth Charts
5. Allergies
6. Past, Social, Family History
7. Family Medical History
8. Social History
9. Problem List
10. HPI
11. EPPA ADHD NEW HPI
12. EPPA ROS - Constitutional
13. EPPA ROS- Cardiovascular
14. EPPA ROS - GI
15. EPPA ROS - Neurologic
16. EPPA ROS - Psychiatric
17. EPPA Pertinent Past Medical Hx
18. EPPA Pertinent Family Hx
19. EPPA Pertinent Social Hx
20. Physical Exam
21. Immunizations
22. Policies
23. Medical Procedures
24. Screening
25. Diagnoses
26. EPPA ADHD Plan
27. PCMH Care Plan
28. Greater than 50% of today's visit was spent in counseling
29. Followup Orders
30. Referral
31. Care Plan
32. Prescriptions
33. Visit Documents