

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

None

VitalsHeight in Weight lbs oz **BMI**Blood Pressure s / d Unspecified Location Unspecified Position Pulse bpm Respiratory Rate bpm Temperature °F Unspecified Method More**Growth Charts**

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

Growth Chart Review☐ Growth Chart Reviewed with parents notes ☐ add item notes **Chief Complaint****Past, Family, Social History****Medical History (Chart-wide)** No Saved Notes**Family Medical History (Chart-wide)**

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

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

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 Anxiety f/u HPI

Overall clinical response:

notes

Problems with medication:

notes

Additional treatment/counseling:

notes

New concerns:

notes

Barriers to compliance:

EPPA ROS - ConstitutionalMake All:

Yes No N/A

☐ ☐ ☐ Fatigue/Lethargy☐ ☐ ☐ Headache☐ ☐ ☐ Irritability☐ ☐ ☐ Loss of Appetite☐ ☐ ☐ Not Sleeping Well☐ ☐ ☐ add item**EPPA ROS - Eyes**Make All:

Yes No N/A

☐ ☐ ☐ Doubled or Blurred Vision☐ ☐ ☐ add item**EPPA ROS - ENT**Make All:

Yes No N/A

☐ ☐ ☐ Vertigo☐ ☐ ☐ Tinnitus

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

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

Yes No N/A

<input type="radio"/> <input type="radio"/> <input type="radio"/>	Chest Pain	notes	▼
<input type="radio"/> <input type="radio"/> <input type="radio"/>	Palpitations	notes	▼
<input type="radio"/> <input type="radio"/> <input type="radio"/>	Dizziness during Exercise	notes	▼
<input type="radio"/> <input type="radio"/> <input type="radio"/>	add item	notes	▼

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

Yes No N/A

<input type="radio"/> <input type="radio"/> <input type="radio"/>	Nausea	notes	▼
<input type="radio"/> <input type="radio"/> <input type="radio"/>	Vomiting	notes	▼
<input type="radio"/> <input type="radio"/> <input type="radio"/>	Abdominal Pain	notes	▼
<input type="radio"/> <input type="radio"/> <input type="radio"/>	Diarrhea	notes	▼
<input type="radio"/> <input type="radio"/> <input type="radio"/>	Constipation	notes	▼
<input type="radio"/> <input type="radio"/> <input type="radio"/>	Cramping	notes	▼
<input type="radio"/> <input type="radio"/> <input type="radio"/>	add item		▼

**EPPA ROS - Endocrine**Make All:

Yes No N/A

☐ ☐ ☐ Change in Weight☐ ☐ ☐ Excessive Sweating☐ ☐ ☐ Constipation☐ ☐ ☐ Cold or Heat Intolerance☐ ☐ ☐ add item**EPPA ROS - Neurologic**Make All:

Yes No N/A

☐ ☐ ☐ Headache Increase in Severity☐ ☐ ☐ Change in Language or Academic Performance☐ ☐ ☐ Tremors or other Involuntary Movements☐ ☐ ☐ Change in Gait/ Coordination☐ ☐ ☐ Changes in Orientation, Memory, Insight, or Judgement☐ ☐ ☐ Fainting☐ ☐ ☐ Fine Motor Difficulty

☐ ☐ ☐ add item

notes

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

Yes No N/A

☐ ☐ ☐ Feeling worried or anxious

notes

☐ ☐ ☐ Emotional Liability

notes

☐ ☐ ☐ Feeling Sad

notes

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

notes

☐ ☐ ☐ Suicide Thoughts/Attempts

notes

☐ ☐ ☐ Feeling like people are out to get you

notes

☐ ☐ ☐ Visual or Auditory Hallucinations

notes

☐ ☐ ☐ Thoughts of Harm to Others

notes

Yes No N/A

☐ ☐ ☐ Sense of Worthlessness/ Decreased Self Esteem

notes

☐ ☐ ☐ Flat Affect/ Restriction of Emotions

notes

☐ ☐ ☐ Poor self-esteem

notes

☐ ☐ ☐ Racing Thoughts

notes

☐ ☐ ☐ add item

**EPPA ROS - Skin**Make All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ Rashes or Dry skin☐ ☐ ☐ add item**EPPA ROS General****EPPA Pertinent Past Medical Hx**Make All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ ADHD☐ ☐ ☐ Depression☐ ☐ ☐ Learning disability/developmental delay☐ ☐ ☐ Cardiac disease☐ ☐ ☐ Alcohol or drug use/abuse☐ ☐ ☐ Migraines/frequent headaches☐ ☐ ☐ Motor/verbal tics☐ ☐ ☐ Thyroid disease

Yes No N/A 
☐ ☐ ☐
 

EPPA Pertinent Family HxMake All:

Yes No N/A

☐ ☐ ☐ Sudden unexplained death
 

☐ ☐ ☐ Heart disease
 


☐ ☐ ☐ ADHD
 

☐ ☐ ☐ Anxiety
 

☐ ☐ ☐ Depression
 

☐ ☐ ☐ Other mental illness
 

☐ ☐ ☐ Mental retardation/developmental disorders
 

☐ ☐ ☐ Diabetes/thyroid disease/other endocrine problems
 

Yes No N/A

☐ ☐ ☐ Drug Abuse
 

☐ ☐ ☐ Alcohol abuse
 

☐ ☐ ☐ 
 

EPPA Pertinent Social HxMake All:

Yes No N/A

- ☐ ☐ ☐ **Family stressors**
- ☐ ☐ ☐ **Family disruption**
- ☐ ☐ ☐ **Drug/alcohol abuse in household**
- ☐ ☐ ☐ **Domestic violence in home**
- ☐ ☐ ☐ **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.)**
- ☐ ☐ ☐ **add item**

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

ABN NL N/E

- ☐ ☐ ☐ **General Appearance**
- ☐ ☐ ☐ **Head**
- ☐ ☐ ☐ **Eyes**
- ☐ ☐ ☐ **Oropharynx**
- ☐ ☐ ☐ **Neck**
- ☐ ☐ ☐ **Lungs**
- ☐ ☐ ☐ **Cardiovascular**
- ☐ ☐ ☐ **Abdomen**

ABN NL N/E

☐ ☐ ☐ Neurologic☐ ☐ ☐ Skin☐ ☐ ☐ Psych☐ ☐ ☐ add item**Immunizations****Vaccines**[Print](#)

	There are no immunizations recorded for this patient
Ordered	

Diseases

	There are no vaccine-preventable diseases for this patient
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Forecasting Results Updated: NA☒ Show Informational Warnings(0)[Refresh](#)

	Immunization forecasting results and warnings provided by IMMUCAST™
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▼ Vaccines For Children**Insurance and Race** as of 06/27/18Eligibility Status: **Immunization Orders**

Order	Refuse	FLU-IIV4 0.5ml
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Order	Refuse	FLU-IIV4pf 0.5ml
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Order	Refuse	<input type="text" value="select an immunization"/>
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Immunization Consent[Select All](#)☐ Counseled on risks, benefits, and contraindications for all vaccine components. CDC VIS reviewed. All questions answered.☐ add item

PoliciesDisplay: **All Statuses** ▼ Edit**Lab**Order select a lab ▼**Medical Procedure**Order select a medical procedure ▼**Screening**Order SCARED - Child Version (Screen for Child Anxiety Related Disorder)Order SCARED - Parent Version (Screen for Child Anxiety Related Disorder)Order select a screening ▼**Radiology**Order select a radiology ▼**Diagnoses**☐ Generalized anxiety disorder☒ Include on Patient Reportsnotes ▼☐ Add to Problem ListOnset: mm/dd/yyProblem Note: problem note☐ select diagnosis ▼notes ▼**EPPA Anxiety plan**Select All☐ Medication changes:notes ▼☐ Continue medication at current dosing; good clinical response without unacceptable side effectsnotes ▼☐ maintain a healthy diet, eating regularly and limiting caffeine. Other energy drinks or performance enhancing medications should be avoidednotes ▼☐ Reviewed importance of regular adequate sleep patterns. Turn off computers, TV's, cell phones 30 min prior to bed time and throughout the nightnotes ▼☐ Reviewed relaxation techniques, exercise recommendations



- ☐ Call with worsening symptoms or if symptoms are interfering with daily activities, or with unacceptable med side effects



- ☐ Therapy recommendations discussed and list given as needed



- ☐ add item



Plan and Follow-up Instructions- EPPA

Select All

- ☐ anxiety f/u parent instructions: Your child was seen today for follow up of anxiety and is doing well. It is important that he/she continue the medications as was discussed at today's appointment. Discontinuing these medications should not be done rapidly or without the input of your child's health care provider. It is important that your child continue to maintain a healthy diet, eating regularly and limiting caffeine. Other energy drinks or performance enhancing medications should be avoided. Regular exercise is an important adjunct to minimizing stress and should be encouraged. Stress management techniques that we have discussed should be encouraged as well. Adequate sleep is necessary for your child to be able to manage the stress and anxiety of every day life. Turn off computers, TV's, cell phones 30min prior to bed time and throughout the night. We will continue to follow your child regularly to monitor medication effectiveness and side effects. Please call us if any unacceptable side effects of the medications are noted or if symptoms appear to be worsening. Discontinue the medication and call immediately if your child voices any thoughts of harming himself. General healthy habits are important in controlling your child's symptoms.



- ☐ add item



Plan Notes

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

Select All

- ☐ add item



Followup

Order

Follow up in 3 Months

Order

select a followup



Referral

Order

select a referral



Care Plan (Chart-wide)

No Interventions

Print

Display: All Statuses ▼

Edit

Prescriptions**Visit Documents****Navigational Anchors in Anxiety f/u EPPA**

1. Intake
2. Vitals
3. Growth Charts
4. Chief Complaint
5. Medical History
6. Problem List
7. HPI
8. EPPA Anxiety f/u HPI
9. EPPA ROS - Constitutional
10. EPPA ROS - Eyes
11. EPPA ROS - ENT
12. EPPA ROS- Cardiovascular
13. EPPA ROS - GI
14. EPPA ROS - Endocrine
15. EPPA ROS - Neurologic
16. EPPA ROS - Psychiatric
17. EPPA ROS - Skin
18. EPPA Pertinent Past Medical Hx
19. EPPA Pertinent Family Hx
20. EPPA Pertinent Social Hx
21. Physical Exam
22. Immunizations
23. Lab
24. Medical Procedures
25. Screening
26. Radiology
27. Diagnoses
28. EPPA Anxiety plan
29. Plan Notes
30. Greater than 50% of today's visit was spent in counseling
31. Followup Orders
32. Referral
33. Care Plan
34. Prescriptions
35. Visit Documents