

Intake*Visit Start Time*****Informant/Relationship****Transition of Care (ARRA)**☐ Patient transitioned to my care from another clinical setting☐ Medication Reconciliation performed**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

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

Edit

Medical History (Chart-wide) No Saved Notes

Edit

Social History (Chart-wide) No Saved Notes

Edit

Family Medical History (Chart-wide)

Edit

Condition	Relationship	Note

Problem List (Chart-wide)

Display: All Statuses

Edit

Status	Problem	Problem Note	Onset	Resolved

Smoking Status (ARRA)

Immunization Review*Chief Complaint****Provider start time****HPI*****ADHD History****Select All**

- ☐
- ADD/ADHD diagnosis (date, testing, provider)

- ☐
- Symptoms of concern for ADHD/Behavior/Mood

- ☐
- Current school grade/ performance/IEP

- ☐
- Current medication (dosage, duration)

- ☐
- Drug holidays (summers, holidays, weekends)

- ☐
- Effectiveness

- ☐
- Side effects

- ☐
- Parent/teacher/student desires medication change

- ☐
- Sees a counselor/psychiatrist

- ☐
- Comorbid conditions/tics

- ☐
- add item

HPI**Review of Systems by system**Make All: **Abn** **NL** **N/A**

Abn NL N/A

- ☐ ☐ ☐ Constitutional
- ☐ ☐ ☐ Eyes
- ☐ ☐ ☐ Ears/Nose/Mouth/Throat
- ☐ ☐ ☐ Respiratory
- ☐ ☐ ☐ Cardiovascular
- ☐ ☐ ☐ Gastrointestinal
- ☐ ☐ ☐ Genitourinary
- ☐ ☐ ☐ Musculoskeletal

Abn NL N/A

- ☐ ☐ ☐ Integument
- ☐ ☐ ☐ Neurological
- ☐ ☐ ☐ Allergic/Immunologic
- ☐ ☐ ☐ Hematologic/Lymphatic
- ☐ ☐ ☐ Endocrine

☐ ☐ ☐ **Psychiatric**☐ ☐ ☐ **add item****Vitals**Height in Length in Weight lbs oz

BMI

Temperature °F Pulse bpm Blood Pressure s / d Respiratory Rate bpm  **More*****Physical Exam**Make All:

ABN NL N/E

☐ ☐ ☐ **Constitutional**☐ ☐ ☐ **Eyes**☐ ☐ ☐ **Ears/Nose/Throat**☐ ☐ ☐ **Neck**☐ ☐ ☐ **Respiratory**



☐ ☐ ☐ Cardiovascular

notes

☐ ☐ ☐ Breasts

notes

☐ ☐ ☐ Gastrointestinal

notes

ABN NL N/E

☐ ☐ ☐ Genitourinary (female)

notes

☐ ☐ ☐ Genitourinary (male)

notes

☐ ☐ ☐ Lymphatic

notes

☐ ☐ ☐ Musculoskeletal

notes

☐ ☐ ☐ Back/Spine

notes

☐ ☐ ☐ Integument

notes

☐ ☐ ☐ Neurologic

notes

☐ ☐ ☐ Psychiatric

notes

ABN NL N/E

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: mm/dd/yy

Problem Note: problem note

☐ Inattention☒ Include on Patient Reports

notes ▾

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ Drug therapy finding

Refine the diagnosis of Drug therapy finding ▾

☒ Include on Patient Reports

notes ▾

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ select diagnosis ▾

notes ▾

Plan*Select All**☐ add item ▾

notes ▾

Screening**Order**

Vanderbilt - Parent Assessments

Order

Vanderbilt - Teacher Assessments

Order

select a screening ▾

ADHD/ADD Plan*Select All**☐ Vanderbilt questionnaires completed and discussed with family

notes ▾

☐ Recommended counseling

notes ▾

☐ Discussed risks/benefits of ADHD/ADD medication

notes ▾

☐ Discussed stimulant/non-stimulant medications, dosing side effects

notes

***Follow-up**

Select All

Next well child exam

notes

Medication recheck in 1 month

notes

As needed

notes

add item	▼
notes	▼

Lab/Radiology/Referral

Lab

Order

Radiology

Order

Referral

Order

Medical Procedure

Order

Care Plan (Chart-wide)

No Interventions

Print

Display: All Statuses

Edit

Prescriptions

Visit Documents

Navigational Anchors in Sick (ADHD)

1. Intake
2. Allergies
3. Medication History
4. Past, Social, Family History
5. Medical History
6. Problem List
7. Immunization Review
8. Chief Complaint
9. HPI
10. Review of Systems
11. Vitals
12. Physical Exam
13. Diagnoses
14. Plan
15. Lab/Radiology/Referral
16. Prescriptions
17. Visit Documents