

Intake**Next Visit (Chart-wide)** No Saved Notes[Edit](#)**Informant/Relationship****Vitals**

Height	<input type="text"/>	in	+		
Length	<input type="text"/>	in	+		
Weight	<input type="text"/>	lbs	<input type="text"/>	oz	+
BMI					
Temperature	<input type="text"/>	°F	+		
	Temporal <input type="text"/>				
Pulse	<input type="text"/>	bpm	+		
Blood Pressure	<input type="text"/>	s /	<input type="text"/>	d	+
	Unspecified Location <input type="text"/>				
	Sitting <input type="text"/>				
Respiratory Rate	<input type="text"/>	bpm	+		

[More](#)**Growth Charts**

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

Vital Notes**Chief Complaint****Past, Social, Family History****School/Home/Psych History**[Select All](#)

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

Past 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

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

Mark as Reviewed

fineprint.bl

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

Display: All Statuses

Status	Medication	Instructions	Start	Stop

Mark as Reviewed

fineprint.bl

Confidential Notes (Chart-wide) No Saved Notes

Edit

HPI**D2CP ROS Psychiatric**

Make All: Yes No N/A

Yes No N/A

☐ ☐ ☐ Academic stress and pressure

notes

☐ ☐ ☐ Repetitive or obsessive thoughts

notes

☐ ☐ ☐ Seeing a counselor/psychologist

notes

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Severe conduct issues	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Thoughts of harm to others	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Thoughts of hopelessness or despair	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Thoughts of self harm	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Trouble with socialization	<input type="text" value="notes"/>	▼

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Lack of sleep- inability to fall asleep or stay asleep	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Loss of family; separation; foster care	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Mood fluctuations	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Obsessive thoughts and compulsive behaviors	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Peer pressure experiences	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Psychosis or loss of touch with reality	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Purging behaviors after eating- vomiting or using laxatives	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hallucinations; if yes: auditory or visual, nature, frequency	<input type="text" value="notes"/>	▼

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	History of family separation or divorce	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	History of trauma, abuse or neglect	<input type="text" value="notes"/>	▼

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	History of psychiatric hospitalizations	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Impulsive behaviors	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Intense fears or phobias	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Lack of family support	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Family conflicts	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Family history of psychiatric illness	<input type="text" value="notes"/>	▼

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling angry, aggressive	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling anxious, agitated, restless	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling numb or without emotion (flat affect)	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feelings of loneliness or isolation	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feelings of sadness, crying often	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Binge eating behaviors	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Changes in behavior	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Changes in mental status	<input type="text" value="notes"/>	▼

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Changes in mood
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☐ ☐ ☐ Destructive behaviors☐ ☐ ☐ Excessive anger or aggression; destructive behavior☐ ☐ ☐ Excessive need to exercise☐ ☐ ☐ Excessive restriction of eating☐ ☐ ☐ Experiences of bullying or racism☐ ☐ ☐ add item**D2CP ROS Neurological**Make All:

Yes No N/A

☐ ☐ ☐ Altered mental status/acute changes in behavior☐ ☐ ☐ Staring spells☐ ☐ ☐ Light sensitivity☐ ☐ ☐ Migraines; h/o; aura?☐ ☐ ☐ Sound sensitivity☐ ☐ ☐ Headaches; nature; frequency; duration if answered yes☐ ☐ ☐ Issues with balance; ataxia

☐ ☐ ☐ Tics; if yes; nature, vocal, motor, combined

notes

Yes No N/A

☐ ☐ ☐ Tremors; jerking movements

notes

☐ ☐ ☐ Ringing in ears

notes

☐ ☐ ☐ Neuropathic pain/tingling in extremities

notes

☐ ☐ ☐ Night terrors; intense nightmares

notes

☐ ☐ ☐ Changes in academic performance

notes

☐ ☐ ☐ Changes in memory, cognition

notes

☐ ☐ ☐ Changes in personality, mood or behavior

notes

☐ ☐ ☐ Developmental regression

notes

Yes No N/A

☐ ☐ ☐ Characteristics of Seizures if yes; tonic/clonic/generalized/ focal

notes

☐ ☐ ☐ Concussion: acute; multiple; post-concussion syndrome

notes

☐ ☐ ☐ add item

notes

Review of Systems by system

Make All:

Abn NL N/A

☐ ☐ ☐ Allergic/Immunologic

notes

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Constitutional	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Eyes	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Ears, Nose, Mouth, Throat	<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"/>	Endocrine	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Gastrointestinal	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Genitourinary	<input type="text" value="notes"/>	▼
Abn NL N/A					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Lymphatic	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Integumentary	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Musculoskeletal	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Neurologic	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Psychiatric	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Respiratory	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	add item	<input type="text" value="notes"/>	▼

Physical Exam

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

ABN NL N/E

☐ ☐ ☐ **General Appearance** ▼☐ ☐ ☐ **Head** ▼☐ ☐ ☐ **Eyes** ▼☐ ☐ ☐ **Ears** ▼☐ ☐ ☐ **Nose** ▼☐ ☐ ☐ **Oropharynx** ▼☐ ☐ ☐ **Neck** ▼☐ ☐ ☐ **Lungs** ▼

ABN NL N/E

☐ ☐ ☐ **Chest** ▼☐ ☐ ☐ **Cardiovascular** ▼☐ ☐ ☐ **Abdomen** ▼☐ ☐ ☐ **Genitourinary** ▼☐ ☐ ☐ **Musculoskeletal** ▼☐ ☐ ☐ **Neurologic** ▼

☐ ☐ ☐ Skin

notes

☐ ☐ ☐ Extremities

notes

ABN NL N/E

add item

☐ ☐ ☐

notes

Immunizations**Vaccines**

Vaccine Record

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 10/21/20

Eligibility Status: select an eligibility status

Immunization Orders

Select Vaccine Lots

Order

Refuse

select an immunization

Immunization Consent

Select All

- ☐
- I personally provided parent education about immunizations and the appropriate CDC VIS was provided for each vaccine. Parent was counseled about the risks and benefits of each antigen administered. Verbal consent was obtained for each of the vaccines given.

notes

☐ add item

notes

Lab

Generate Requisition

Order Rapid Strep (in office)

Order Rapid Flu A&B (in office)

Order Mono Spot (in office)

Order select a lab

Medical Procedure

Order select a medical procedure

Medical Test

Order select a medical test

Injection

Order select an injection

Screening

Order select a screening

Radiology

Generate Requisition

Order select a radiology

Diagnoses

☐ select diagnosis

notes

Counseling

Care Coordination and Care Plan Management

Plan

Select All

☐ Encourage fluids

notes

☐ OTC Analgesics (as directed)

notes

☐ add item

notes

Plan Notes

Forms**Generate** School Excuse - Sick**Generate** School Nurse Meds Admin**Generate** School PE Excuse

select a form

Followup**Order** Follow up if symptoms are not improving**Order** Return to office (list reason and time frame)

Order

select a followup

Referral

Order

select a referral

Care Plan (Chart-wide)

Print

Display: All Statuses

Edit

No Interventions

Time of Visit**Select All**☐ Time spent in visit:

notes

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

notes

☐ add item

notes

Visit Documents

Navigational Anchors in D2CP Psychiatric Sick

1. Intake
2. Past, Social, Family History
3. Medical History
4. D2CP ROS Psychiatric
5. D2CP ROS Neurological
6. Review of Systems
7. Physical Exam
8. Immunizations
9. Lab
10. Medical Procedures
11. Injection Orders
12. Screening
13. Radiology
14. Diagnoses
15. Counseling
16. Plan
17. Forms
18. Followup Orders
19. Referral
20. Time of Visit
21. Prescriptions
22. Visit Documents