

Forms

select a form ▼

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 ▼

➔ More

Comments**Growth Charts**

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

Growth Chart Review**Select All**☐ Growth Chart Reviewed with parents

notes ▼

☐ add item ▼

notes ▼

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

fineprintLbl

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

Mark as Reviewed

fineprintLbl

► 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:

Additional treatment/counseling:

New concerns:

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**

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vertigo	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	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	▼

☐ ☐ ☐ Cramping

notes

☐ ☐ ☐ add item

notes

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

Yes No N/A

☐ ☐ ☐ Change in Weight

notes

☐ ☐ ☐ Excessive Sweating

notes

☐ ☐ ☐ Constipation

notes

☐ ☐ ☐ Cold or Heat Intolerance

notes

☐ ☐ ☐ add item

notes

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

Yes No N/A

☐ ☐ ☐ Headache Increase in Severity

notes

☐ ☐ ☐ Change in Language or Academic Performance

notes

☐ ☐ ☐ Tremors or other Involuntary Movements

notes

☐ ☐ ☐ Change in Gait/ Coordination

notes

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

notes

☐ ☐ ☐ Fainting

☐ ☐ ☐ Fine Motor Difficulty☐ ☐ ☐ add item**EPPA ROS - Psychiatric**Make All:

Yes No N/A

☐ ☐ ☐ Feeling worried or anxious☐ ☐ ☐ Emotional Liability☐ ☐ ☐ Feeling Sad☐ ☐ ☐ Decreased interest in Social Activities and Hobbies that use to be Pleasurable☐ ☐ ☐ Suicide Thoughts/Attempts☐ ☐ ☐ Feeling like people are out to get you☐ ☐ ☐ Visual or Auditory Hallucinations☐ ☐ ☐ Thoughts of Harm to Others

Yes No N/A

☐ ☐ ☐ Sense of Worthlessness/ Decreased Self Esteem☐ ☐ ☐ Flat Affect/ Restriction of Emotions☐ ☐ ☐ Poor self-esteem☐ ☐ ☐ Racing Thoughts

☐ ☐ ☐ **EPPA ROS - Skin**Make All:

Yes No N/A

☐ ☐ ☐ Rashes or Dry skin☐ ☐ ☐ **EPPA ROS General****Pertinent History****EPPA Pertinent Past Medical Hx**Make All:

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

notes

Yes No N/A

add item

☐ ☐ ☐

notes

EPPA Pertinent Family Hx

Make All:

Yes No N/A

☐ ☐ ☐ Sudden unexplained death

notes

☐ ☐ ☐ Heart disease

notes

☐ ☐ ☐ ADHD

notes

☐ ☐ ☐ Anxiety

notes

☐ ☐ ☐ Depression

notes

☐ ☐ ☐ Other mental illness

notes

☐ ☐ ☐ Mental retardation/developmental disorders

notes

☐ ☐ ☐ Diabetes/thyroid disease/other endocrine problems

notes

Yes No N/A

☐ ☐ ☐ Drug Abuse

notes

☐ ☐ ☐ Alcohol abuse

notes

☐ ☐ ☐ add item

notes

EPPA Pertinent Social Hx

Make All: **Yes** **No** **N/A**

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Family stressors	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Family disruption	<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"/>	Domestic violence in home	<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"/>	add item	<input type="text" value="notes"/>	▼

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

ABN NL N/E

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	General Appearance	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Head	<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"/>	Oropharynx	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Neck	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Lungs	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cardiovascular	<input type="text" value="notes"/>	▼

☐ ☐ ☐ Abdomen

notes

ABN NL N/E

☐ ☐ ☐ Neurologic

notes

☐ ☐ ☐ Skin

notes

☐ ☐ ☐ Psych

notes

☐ ☐ ☐ add item

notes

Policies

Display: All Statuses

Edit

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 10/21/20

Eligibility Status: select an eligibility status

Immunization Orders

Select Vaccine Lots

Order

Refuse

FLU-IIV4pf 0.5ml

Order

Refuse

FLU-LAIV4

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 Generate Requisition

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

Diagnoses

☐ Management of drug regimen

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ Generalized anxiety disorder

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ select diagnosis

notes

Differential Diagnoses**EPPA Anxiety plan**

Select All

☐ Medication changes:

notes

☐ Continue medication at current dosing; good clinical response without unacceptable side effects

notes

☐ maintain a healthy diet, eating regularly and limiting caffeine. Other energy drinks or performance enhancing medications should be avoided

notes



- ☐ Reviewed importance of regular adequate sleep patterns. Turn off computers, TV's, cell phones 30 min prior to bed time and throughout the night

notes



- ☐ Reviewed relaxation techniques, exercise recommendations

notes



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

notes



- ☐ Therapy recommendations discussed and list given as needed

notes



- ☐ add item



notes



Plan Notes

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

- ☐ add item



notes



Followup

Follow up in 3 Months

select a followup



Referral

select a referral



Care Plan (Chart-wide)

Display: All Statuses



No Interventions

Plan and Follow-up Instructions- EPPA

- ☐ 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.

☐

Visit Documents

Navigational Anchors in Anxiety f/u EPPA

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