

**Forms** ▼**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**Growth Charts**

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

**Growth Chart Review**☐  ▼ ▼**HPI Behavioral****EPPA Behavioral Eval HPI**☐ Pt here for evaluation of behavior concerns ▼☐ Interference with function due to symptoms:

notes

☐ Age of onset:

notes

☐ Behaviors noted with all caregivers?:

notes

☐ Discipline problems at home:

notes

☐ Daycare/school attended:

notes

☐ Grade in school:

notes

☐ Any unsafe behaviors:

notes

☐ School avoidance:

notes

☐ Behavior programs at school (behavior charts, stickers, red/yellow/green):

notes

☐ Special accommodations in school:

notes

☐ Activities other than school:

notes

☐ Interaction with peers:

notes

☐ Social avoidance/difficulties:

notes

☐ Current OTC medications:

notes

☐ Behavior concerns at school:

notes

☐ Dietary habits ( all food groups, picky, snacks, breakfast, caffeine intake):

notes

☐ Sleep patterns (own bed, nightmares, sleep time, TV in bedroom):

☐ Birth Hx (prematurity):

☐ Maternal substance abuse in pregnancy:

☐ Maternal tobacco use in pregnancy:

☐ Primary caregiver at home:

☐ Previous counseling/therapy for child and/or family:

☐ Substance abuse by patient (current or past)

☐ Stressors:

☐ add item

### 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

fingerprintLbI

### 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 ROS - Constitutional**Make All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ Headache
 ▾
☐ ☐ ☐ Weight loss/gain
 ▾
☐ ☐ ☐ Irritability
 ▾
☐ ☐ ☐ Not Sleeping Well
 ▾
☐ ☐ ☐ Other
 ▾
☐ ☐ ☐ add item
 ▾
**EPPA ROS - ENT**Make All: **Yes** **No** **N/A**



Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Snoring	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sleep Apnea	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	add item	notes

**EPPA ROS- Cardiovascular**Make All:   

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"/>	Fainting during Exercise	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	add item	notes

**EPPA ROS - Endocrine**Make All:   

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cold or Heat Intolerance	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Change in Weight	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Constipation	

- ☐ ☐ ☐ Change in Hair or Skin texture

- ☐ ☐ ☐ Change in Skin Pigmentation

- ☐ ☐ ☐ Other

- ☐ ☐ ☐ add item

### EPPA ROS - GI

Make All:

Yes No N/A

- ☐ ☐ ☐ Abdcminal Pain

- ☐ ☐ ☐ Diarrhea

- ☐ ☐ ☐ Nausea

- ☐ ☐ ☐ Vomiting

- ☐ ☐ ☐ Other

- ☐ ☐ ☐ add item

### EPPA ROS - Neurologic

Make All:

Yes No N/A

- ☐ ☐ ☐ Change in Language or Academic Performance

- ☐ ☐ ☐ Change in Gait/ Coordination

☐ ☐ ☐ Tremors or other Involuntary Movements

notes

☐ ☐ ☐ Fainting

notes

☐ ☐ ☐ Fine Motor Difficulty

notes

☐ ☐ ☐ Headache Increase in Severity

notes

☐ ☐ ☐ Headache Worse in the Morning

notes

☐ ☐ ☐ Morning Vomiting

notes

Yes No N/A

☐ ☐ ☐ Other

notes

☐ ☐ ☐ add item

notes

## EPPA ROS - Psychiatric

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

Yes No N/A

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

notes

☐ ☐ ☐ Emotional Liability

notes

☐ ☐ ☐ Feelings of Elation

notes

☐ ☐ ☐ Does not pay attention to details or makes careless mistakes

notes

☐ ☐ ☐ Difficulty keeping attention to what needs to be done

notes

☐ ☐ ☐ Does not seem to listen when spoken to directly

notes

☐ ☐ ☐ Fails to follow through/ complete activities

☐ ☐ ☐ Unable to organize tasks

Yes No N/A

☐ ☐ ☐ Avoids or dislikes activities that require sustained mental effort

☐ ☐ ☐ Loses things frequently

☐ ☐ ☐ Easily distracted by external stimuli

☐ ☐ ☐ Forgetful in daily activities

☐ ☐ ☐ Fidgets/squirms

☐ ☐ ☐ Difficulty sitting in seat

☐ ☐ ☐ Difficulty with quiet play

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

Yes No N/A

☐ ☐ ☐ Talks excessively

☐ ☐ ☐ Blurts out answers

☐ ☐ ☐ Difficulty awaiting turn

☐ ☐ ☐ Interrupts

☐ ☐ ☐ Racing Thoughts

☐ ☐ ☐ Feeling like people are out to get you

☐ ☐ ☐ Intrudes on personal space

notes 

☐ ☐ ☐ Flat Affect/ Restriction of Emotions

notes 

Yes No N/A

☐ ☐ ☐ Impulsivity

notes 

☐ ☐ ☐ Oppositional Behavior

notes 

☐ ☐ ☐ Argues with adults

notes 

☐ ☐ ☐ Loses temper

notes 

☐ ☐ ☐ Actively defies or refuses to go along with adults' request/rules

notes 

☐ ☐ ☐ Deliberately annoys people

notes 

☐ ☐ ☐ Blames others for his mistakes

notes 

☐ ☐ ☐ Touchy or easily annoyed by others

notes 

Yes No N/A

☐ ☐ ☐ Angry/resentful

notes 

☐ ☐ ☐ spiteful/wants to get even

notes 

☐ ☐ ☐ Bullies others

notes 

☐ ☐ ☐ starts fights

notes 

☐ ☐ ☐ Lies to get out of trouble

notes 

☐ ☐ ☐ Truant from school

notes 

☐ ☐ ☐ **Physically cruel to others**

☐ ☐ ☐ **Stolen things that have value**

Yes No N/A

☐ ☐ ☐ **Deliberately destroys others' property**

☐ ☐ ☐ **Has used a weapon that can cause serious harm**

☐ ☐ ☐ **Physically cruel to animals**

☐ ☐ ☐ **Deliberately set fires to cause damage**

☐ ☐ ☐ **Broken into someone's home/business**

☐ ☐ ☐ **Stayed out at night without permission**

☐ ☐ ☐ **Run away from home overnight**

☐ ☐ ☐ **Forced someone into sexual activity**

Yes No N/A

☐ ☐ ☐ **Feeling worried or anxious**

☐ ☐ ☐ **Afraid to try new things**

☐ ☐ ☐ **Sense of Worthlessness/ Decreased Self Esteem**

☐ ☐ ☐ **Blames self for problems/feels guilty**

☐ ☐ ☐ **Feels lonely, unloved**

☐ ☐ ☐ **Self-conscious or easily embarrassed**



☐ ☐ ☐ Feeling Sad



☐ ☐ ☐ Visual or Auditory Hallucinations



Yes No N/A

☐ ☐ ☐ Thoughts of Harm to Others



☐ ☐ ☐ Suicide Thoughts/Attempts



☐ ☐ ☐ Other



☐ ☐ ☐ add item



### EPPA ROS General

### EPPA Pertinent Past Medical Hx

Make All:

Yes No N/A

☐ ☐ ☐ Prematurity



☐ ☐ ☐ Neonatal Discharge Summary Reviewed



☐ ☐ ☐ ADHD



☐ ☐ ☐ Anxiety



☐ ☐ ☐ Depression



☐ ☐ ☐ Cardiac disease



☐ ☐ ☐ Concussion

notes

☐ ☐ ☐ Motor/verbal tics

notes

Yes No N/A

☐ ☐ ☐ Migraines/frequent headaches

notes

☐ ☐ ☐ Sleep disorder

notes

☐ ☐ ☐ Alcohol or drug use/abuse

notes

☐ ☐ ☐ add item

notes

### EPPA Pertinent Family Hx

Make All:

Yes No N/A

☐ ☐ ☐ ADHD

notes

☐ ☐ ☐ Anxiety

notes

☐ ☐ ☐ Depression

notes

☐ ☐ ☐ Other mental illness

notes

☐ ☐ ☐ Diabetes/thyroid disease/other endocrine problems

notes

☐ ☐ ☐ Heart disease

notes

☐ ☐ ☐ Sudden unexplained death

notes

☐ ☐ ☐ Alcohol abuse

notes

Yes No N/A



☐ ☐ ☐ Drug Abuse

notes

☐ ☐ ☐ add item

notes

### EPPA Pertinent Social Hx

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

Yes No N/A

☐ ☐ ☐ Family stressors

notes

☐ ☐ ☐ Family disruption

notes

☐ ☐ ☐ Domestic violence in home

notes

☐ ☐ ☐ Drug/alcohol abuse in household

notes

☐ ☐ ☐ 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.)

notes

☐ ☐ ☐ Exposure to lead

notes

☐ ☐ ☐ Daycare attendance

notes

☐ ☐ ☐ add item

notes

### Physical Exam

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

ABN NL N/E

☐ ☐ ☐ General Appearance

notes

☐ ☐ ☐ Head

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"/>	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"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Abdomen	<input type="text" value="notes"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Neurologic	<input type="text" value="notes"/>

ABN NL N/E

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

**Policies**Display: **All Statuses** **Immunizations****Vaccines**

	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)

Immunization forecasting results and warnings provided by IMMUCAST™

**▼ Vaccines For Children**

Insurance and Race as of 10/21/20

Eligibility Status: **Immunization Orders**

Order	Refuse	FLU-IIV4pf 0.5ml
Order	Refuse	FLU-LAIV4
Order	Refuse	<input type="text" value="select an immunization"/>

**Immunization Consent**

**Select All**

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

☐ add item

**Lab**[Generate Requisition](#)

Order	<input type="text" value="select a lab"/>
-------	---

**Medical Procedure**

Order	<input type="text" value="select a medical procedure"/>
-------	---

**Screening**

Order	PHQ-9 Modified (12-17 years)
Order	SCARED - Child Version (Screen for Child Anxiety Related Disorder)
Order	SCARED - Parent Version (Screen for Child Anxiety Related Disorder)
Order	Vanderbilt - Parent Assessments Initial
Order	Vanderbilt - Teacher Assessments Initial
Order	<input type="text" value="select a screening"/>

**Diagnoses**

☐ Anxiety disorder of childhood

☒ Include on Patient Reports

☐ Add to Problem List    Onset:     Problem Note:

☐ Attention deficit hyperactivity disorder, combined type

☒ Include on Patient Reports

☐ Add to Problem List    Onset:     Problem Note:

☐ Attention deficit hyperactivity disorder, inattentive presentation (restrictive)

☒ 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

Refine the diagnosis of Attention deficit hyperactivity disorder, predominantly hyperactive impulsive type

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ Behavior problem of childhood and adolescence

Refine the diagnosis of Behavior problem of childhood and adolescence

☒ 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

**Differential Diagnoses****EPPA Behavioral Health Plan****Select All**☐ Reviewed regular healthy diet including adequate protein at each meal and avoidance of large intake of concentrated sweets.

notes

☐ Reviewed additional treatment including: regular aerobic exercise at least 1hr/day, regular sleep patterns and sleep hygiene (Avoid caffeine after 12 noon, same sleep/wake pattern 7day/wk, no TV in bedroom, wind down time 1/2 Hr prior to bedtime, avoid violent TV, movies or video games).

notes

☐ Psychotherapy reviewed and highly recommended as ongoing treatment modality.

notes

☐ Behavioral Therapist list given.



- ☐ Discussed medication management including indications, contraindications, available approved medications for children and teens, dosing and side effects.



- ☐ Reviewed Black Box Warning including the possible increase in suicidal thinking and behavior in some studies of children being treated with SSRI medications. After risk/benefit review parents/patient agree to begin/continue with SSRI therapy.



- ☐ PA PMPAware site queried for new prescription for controlled substance



- ☐ Assessed suicide risk and found to not be at risk at this time.



- ☐ Family will monitor patient's behavior and patient agrees to notify parent if any: increased sadness, depression, thoughts of suicide/self harm are noted while on SSRI medication. Provider to be notified and SSRI medication to be discontinued immediately if the aforementioned symptoms are noted.



- ☐ Reviewed home safety with parent: keep all medications (OTC and Rx) locked away from patient; remove guns from home.



- ☐ Contract for safety reviewed. Pt agrees to call crisis intervention, parent or other identified adult with any thoughts of self harm or suicide.



- ☐ Plan to continue SSRI treatment for at least 9 -12 months to avoid relapse.



- ☐ Patient may try melatonin 3-5 mg at dinner to aid in falling asleep or hs to help maintaining sleep.



- ☐ add item



### Plan and Follow-up Instructions- EPPA

Select All

- ☐ add item



### EPPA ADHD Parent/patient instruction/information

Select All

- ☐ REMEMBER THE FOLLOWING INFORMATION ABOUT ACHIEVING GOOD ADD/ADHD CONTROL:

We have reviewed your child's medications, their purpose, dosing and possible side effects

We have reviewed the Vanderbilt questionnaires and any other information you and his school has provided to us and discussed the results and the implications of those results to your child.

We feel that optimum medication management for ADHD is for your child to take his medications every day, even on days he doesn't have school. He will benefit from being able to pay attention, being less distractable and less impulsive when at home and when interacting with his friends and family as much or more than when at school.

The stimulant medications (concerta, vyvanse, adderall, ritalin, metadate, quilivant, methylphenidate, ritalin, etc.) should be given in the morning or rarely, after school if so instructed. These medications will have an effect lasting from 4-12 hours depending on the medication. If given too late in the day, they may interfere with sleep. If your child has trouble falling asleep, please let us know. Melatonin, an over the counter medication, may be helpful and may be recommended by your doctor. Your child needs to get adequate sleep for his age. Regular bedtime, keeping the TV out of his bedroom and turning off all electronics at least 30 minutes before bedtime will help to ensure a good night's sleep. Sleeplessness can present as inattention and hyperactivity in children and can worsen your child's symptoms. The stimulant medications can also affect your child's appetite. It is important that your child eat regular meals and that those meals all include protein. Breakfast is usually not affected by these medications, so be sure to provide your child a healthy breakfast. Children who eat breakfast have also been shown to do better in school. Lunch might not be a big meal for your child so provide healthy options which he can choose from. Your child will probably be hungry for dinner later than usual. Allow him to eat dinner at 7-8pm if that's when he is hungry. It is fine for him to sit with the family at dinner if he isn't hungry to be part of the family meal. If he is hungry later, give him the healthy foods he might have refused earlier. Children who take stimulant medications eat the same number of calories each day as those not on medication but at different times. Regular exercise is important for all children and even more so for those children with ADHD. We encourage you to use the parent portal if available through your schools to keep in contact with your child's teachers and to keep abreast of your child's progress in school. We have reviewed homework and study skills that may help your child be successful in school. It is important that your teenager take his medications daily. Those teen drivers with ADHD who don't take their medications have 5 times the risk of serious motor vehicle accidents. Please remember that stimulant medications used to treat ADHD are controlled substances. That means we cannot refill these medications by phone and cannot provide refills on your prescriptions. The FDA requires close monitoring of these medications and the prescriptions written. It is illegal to take these medications without a prescription or to share or sell these medications to anyone else. We are required to follow patients closely who are on these medications. We will follow your child at least every 3 months for as long as your child is taking these medications, whenever medication adjustments are needed and 1mo after any medication changes. Regular reports from you and your child's teachers are necessary for us to provide the best care for him. Vanderbilt forms will be available on the portal for you prior to each visit and will be given to you to give to your child's teacher at least a few times each year. Educational information for parents and children with ADHD is available on the parent portal and on our web site. Community resources such as psychotherapist, local CHADD chapters and other information is also available and was reviewed today as indicated. If you have any questions regarding your child's medication, progress or other concerns, please call us. Whenever possible, make your child's follow up appointment prior to leaving the office to best accommodate your schedule.

notes

- ☐ 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.

notes

☐ add item

notes

**Anxiety Parent information/education****Select All**

- ☐ Your child has been diagnosed with anxiety at today's visit. Worries and fears are a natural part of childhood development. Anxiety and fear become a problem when the concerns are persistent and excessive and interfere with a child's day-to-day life. Anxiety is common in children and adolescents and there is often a family history of anxiety in those children affected. Treatment of your child includes making sure he is sleeping and eating well. Your child should have a regular bed time and routine. He should not have a TV in his bedroom and should turn off all electronics 30min prior to bedtime. Be aware of what your child is watching on TV/movies and what video games he is playing since seeing scary or violent things on the screen may aggravate his anxiety. Make sure your child is eating healthy foods regularly. Avoid all caffeine in soda, iced teas and avoid all energy drinks. Avoid decongestants and multi-symptom cough and cold products since they may cause anxiety symptoms to worsen. Treatment of anxiety in children is most successful when counseling is part of the therapy. Children can be taught techniques to manage their fears and anxiety which they can use throughout their lifetime. You have been given a list of therapists in the area who we recommend who have experience in treating children with anxiety. Please check with your insurance company for coverage of this service. We have discussed medication management as an adjunct to treatment for your child. If we have opted to start medication, we have discussed the expected improvement over 3-4weeks after starting medication. We have discussed the side effects including interference with sleep, headaches, belly pain, irritability. We have discussed the black box warning on all of the SSRI medications used to treat anxiety. If your child has any worsening symptoms, seems depressed or sad, or threatens to hurt himself in any way, stop the medication and call us immediately. It is important that with the above exception, your child take the medication as prescribed daily and that he not stop the medication suddenly. We will see your child in follow up in the office in 1month at which time we will assess his response to treatment and evaluate for any side effects. Once he is stable and improving, we will follow him every 4 months unless there are other problems or if there are any medication changes which necessitate more frequent appointments. Please call if you have any other concerns or questions about today's appointment

notes

- ☐ add item

notes

**Depression parent information/education****Select All**

- ☐ Your child has been diagnosed with depression. Depression occurs in up to 8% of all adolescents and is often associated with a family history of depression. Most children will have a good response to treatment over a few months time. Relapse with return of symptoms can be quite common and occurs in up to 70% of children over the 5 year period after diagnosis so we will continue to monitor your child over time. The most important part of treatment for your child is to keep him safe. Keep any medications, over the counter or prescription medications, locked and away from your child. Remove any weapons from your home. It is important for your child to have regular sleep patterns, to eat regularly and to exercise. Omega-3-fatty acids, 1000mg/d has been shown to help improve symptoms in some patients when continued for at least 3months. They are safe for use in children and teens. Psychotherapy (counseling) is an important part of your child's treatment. The counsellor will help teach your child skills that will help to improve his symptoms and may help prevent relapse of symptoms later. The doctors at Eden Park Peds believe that this is a critical part of the treatment of childhood depression.. Medication can also be an important part of your child's treatment. The FDA has added a Black Box warning to all of the medications approved for the treatment of depression in children. You have discussed this with us and we have agreed that the medication will likely benefit your child. If your child at any time expresses any ideas of self harm or suicide you will notify our office immediately. These medications (SSRI's) are usually well tolerated with minimal or no side effects. Occasionally children may have headache, abdominal pain, nausea, sleep changes or jitteriness when these medications are first started. Please do not discontinue your child's medication suddenly because doing so may cause significant symptoms that may mimic relapse of his depression. We will need to see your child frequently after starting medications and with any dosage changes to monitor your child's progress. Once the medication dose is stable and your child is improved, we will see him approximately every 3mo. Medication treatment for depression is recommended to continue for at least 9-12mo after symptoms are improved. After that time, we can discuss with you and your child if weaning the medication is the correct

treatment for him. If you have any questions or notice any new or concerning symptoms in your child, please call our office.

notes

☐ add item

notes

### Plan Notes

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

Select All

☐ add item

notes

### Followup

Order Follow up 2-4wk

Order ADHD follow up in 21-28 days

Order select a followup

### Referral

Order select a referral

### Care Plan (Chart-wide)

Print

Display: All Statuses

Edit

No Interventions

### Visit Documents



## Navigational Anchors in Behavioral Evaluation Initial EPPA

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