Telehealth This visit was conducted as audio-visual (AV) via Spruce Health which is HIPAA secure. * Patient/Parent has verbally consented to participate in the telehealth consultation. The nature of the telehealth services, including any associated risks and limitations, was explained and understood. The patient/parent acknowledged and accepted these terms prior to the commencement of the appointment. notes * Patient location notes * Provider location notes Clinical Care Team (Chart-wide) No Saved Notes Edit Informant/Relationship Vitals Height in Weight lbs OZ BMI Pulse bpm **Blood Pressure** d s/ Unspecified Location Sitting Respiratory Rate bpm Temperature °F Tympanic O₂ Saturation % More **Telemedicine Vitals** Select All Vitals taken by Parent/Patient utilizing ClearStep remote monitoring and send over via App notes

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notes add item						
add item						
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notes						-
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Growth Charts						
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Problem List (Cha	Problem	-	Problem Note		10	Edit
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Mental Health Treatment History (Chart-wide) No Saved Notes	Edit
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notes	•
AM Snack	
notes	•
Lunch	
notes	-
Afternoon Snack	
notes	*
Dinner	
notes	v
PM Snack	
notes	•
Fluids	
notes	•
ROS	
Make All: Yes No N/A	
Yes No N/A General - fatigue, weakness	
notes	-
General - night sweats	
notes	-
O O Sleep - general sleep issues	
notes	•
O O Sleep - hard to fall asleep	

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CEDAR Eating Disorder F/U - Telemed

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Education provided on importance of strict adherence to the meal plan

notes

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Followup Follow up in 1 month Order Follow up in One Week Order Follow up in 10 days Order Order select a followup Referral Order select a referral Care Plan (Chart-wide) Print Display: All Statuses Edit No Interventions Forms select a form Visit Documents Navigational Anchors in CEDAR Eating Disorder F/U - Telemed 1. Vitals 2. HPI 3. Growth Charts 4. Past, Social, Family History 5. Medication History 6. Confidential Notes

- 7. Physical Exam
- 8. Lab
- 9. Diagnoses
- 10. Eating Disorder Plan
- 11. Plan Notes
- 12. Prescriptions
- 13. Forms

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