



**Intake**

**Informant/Relationship**

**Interim History**

**Safe/Fear Foods (Chart-wide)** No Saved Notes

Edit

**Vitals**

Height  in

Weight  lbs  oz

Blood Pressure  s /  d

Unspecified Location

Sitting

BMI

More

**Vital Notes**

**Growth Charts**

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

**Past, Social, Family History**

**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

fineprintLbl

**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

**Diagnoses**

Chronic pediatric feeding disorder

Include on Patient Reports

notes

Add to Problem List    Onset: mm/dd/yy    Problem Note: problem note

Avoidant restrictive food intake disorder

Include on Patient Reports

notes

Add to Problem List    Onset: mm/dd/yy    Problem Note: problem note

Aversion to food or drink

Refine the diagnosis of Aversion to food or drink

Include on Patient Reports

notes

Add to Problem List    Onset: mm/dd/yy    Problem Note: problem note

Malnutrition (calorie)

Refine the diagnosis of Malnutrition (calorie)

Include on Patient Reports

notes

Add to Problem List    Onset: mm/dd/yy    Problem Note: problem note

Pharyngeal dysphagia

Include on Patient Reports

notes



Add to Problem List    Onset:     Problem Note:

Oral phase dysphagia  Include on Patient Reports

Add to Problem List    Onset:     Problem Note:

Oropharyngeal dysphagia  Include on Patient Reports

Add to Problem List    Onset:     Problem Note:

### Feeding Therapy Goals

#### Assessment

#### Goal 1

#### Goal 2

#### Goal 3

#### Goal 4

#### Goal 5

### Assessment and Plan Notes

### Forms

### Followup



**Order** Follow up in One Week

**Order** Follow up in 1 month

**Order** select a followup ▼

**Visit Documents**

### Navigational Anchors in CEDAR Feeding Therapy Follow Up

1. Intake
2. Safe/Fear Foods
3. Growth Charts
4. Diagnoses
5. Follow Up
6. Prescriptions
7. Visit Documents