



### Intake

Clinical Care Team (Chart-wide) No Saved Notes

Edit

### Problem List (Chart-wide)

Display: All Statuses

Edit

Status	Problem	Problem Note	Onset	Resolved

### Informant/Relationship

### Informed Consent

Therapist reviewed declaration and practices and procedures reviewing informed consent, confidentiality and limits to confidentiality. Therapist reviewed therapeutic relationship expectations and client responsibilities, obtaining client and/or parent consent to treatment.

### Biopsychosocial Interview

Therapist completed biopsychosocial interview obtaining information relevant to past medical and mental health treatment, family history, and social emotional history. Therapist gathered information on current concerns of behaviors and symptoms. Therapist and client discussed outcomes and goals for treatment.

### MSE Attitude Towards Treatment

Make All:  WNL  Oth  N/a

WNL  Oth  N/a

### MSE - Appearance

Make All:  WNL  Oth  n/a

WNL  Oth  n/a

### MSE Motor Activity

Make All:  WNL  Oth  N/a

WNL  Oth  N/a



### MSE Eye Contact

Make All:

WNL Oth n/a

### MSE Attention

Make All:

WNL Oth n/a

### MSE Speech

Make All:

WNL Oth n/a

### MSE Behavior

Make All:

WNL Oth N/a

### MSE Mood

Make All:

WNL Oth n/a



### MSE Affect

Make All: **WNL** **Oth** **N/a**

WNL Oth N/a

### MSE Cognition

Make All: **WNL** **Oth** **N/a**

WNL Oth N/a

### MSE Thought Content

Make All: **WNL** **Oth** **N/a**

WNL Oth N/a

### MSE Thought Process

Make All: **WNL** **Oth** **n/a**

WNL Oth n/a

### MSE Insight

Make All: **WNL** **Oth** **N/a**

WNL Oth N/a

### MSE Judgement

Make All: **WNL** **Oth** **N/A**

WNL Oth N/A



**MSE Delusions**

Make All:

Non Oth N/a

**MSE Hallucinations**

Make All:

Non Oth n/a

**MSE S/I, H/I**

Make All:

WNL Oth N/a

**Risk Assessment**

**Presenting Problem(s)**

**Strengths**

**Current Behaviors/Symptoms - Therapy**

Anxiety

Depression



notes

Eating Behaviors

notes

Exercise Behaviors

notes

Mood

notes

Sleep

notes

Self-Harm

notes

Suicidal Thoughts

notes

add item

notes

**Food/Exercise Rules (per patient)**

**Past, Social, Family History**

**Medical History (Chart-wide)** No Saved Notes

Edit

**Birth History (Chart-wide)** No Saved Notes

Edit

**Mental Health Treatment History (Chart-wide)** No Saved Notes

Edit

**Mental Health History Notes**

**Social History (Chart-wide)** No Saved Notes

Edit

**Trauma History/Stressors**



► **Confidential Notes (Chart-wide)** No Saved Notes

Edit

**Family Medical History (Chart-wide)**

Edit

Condition	Relationship	Note

**Allergies (Chart-wide)**

Display: All Statuses

Edit

Status	Allergy	Reaction	Onset	Resolved

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

Display: All Statuses

Status	Medication	Instructions	Start	Stop

Mark as Reviewed

fineprintLbl

**Diagnoses**

Avoidant restrictive food intake disorder

Include on Patient Reports

notes

Add to Problem List

Onset:

Problem Note:

Anorexia nervosa

Refine the diagnosis of Anorexia nervosa

Include on Patient Reports

notes

Add to Problem List

Onset:

Problem Note:

Anxiety

Refine the diagnosis of Anxiety

Include on Patient Reports

notes

Add to Problem List

Onset:

Problem Note:

Depressive disorder

Refine the diagnosis of Depressive disorder

Include on Patient Reports

notes

Add to Problem List

Onset:

Problem Note:

Mixed anxiety and depressive disorder

Include on Patient Reports



notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

select diagnosis

notes

### Therapy Plans/Goals

Select All

Goal 1  
notes

Goal 2  
notes

Goal 3  
notes

add item  
notes

### Followup

Order Follow up in One Week

Order Follow up in 10 days

Order Follow up in 2 weeks

Order Follow up in 1 month

Order Return to office (list reason and time frame)

Order select a followup

### Forms

select a form

### Visit Documents