



Intake

Next Visit (Chart-wide) No Saved Notes

Edit

Screening

- SCARED: Child Report
- SCARED: Parent Report
- PSC (Pediatric Symptom Checklist) 35
- Childhood Sleep Questionnaire
- CRAFFT + N Self Administered
- Visit Priorities with Chronic Conditions
-

Informant/Relationship

Vitals

- Temperature °F
- Weight lbs oz
- Height in
- BMI
- Blood Pressure s / d
- Pulse bpm
- O₂ Saturation %
- Respiratory Rate bpm

More

Vital Notes

Growth Charts

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



Chief Complaint

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

Current Medications

Past, Social, Family History

Problem List (Chart-wide)

Display: All Statuses

Edit

Status	Problem	Problem Note	Onset	Resolved

Past Medical History (Chart-wide) No Saved Notes

Edit

Family Medical History (Chart-wide)

Edit

Condition	Relationship	Note

School/Home/Psych History

Select All

School (Grade, School, Concerns)

School Accommodations or Resources Currently

Relationship with Peers/Social Function



Relationship with parents/siblings

notes ▼

Current Resources used (Psychologist, CSW, Psychiatrist, Therapist, Tutor, Educational Specialists, Groups)

notes ▼

add item

notes ▼

Social History (Chart-wide) No Saved Notes

Edit

► Confidential Notes (Chart-wide) No Saved Notes

Edit

HPI

Nutrition

Select All

Balanced diet (wide variety, fruits/veggies, limit junk food)

notes ▼

Fruits

notes ▼

Vegetables

notes ▼

Protein Sources

notes ▼

Grains: whole grains like oats, barley, quinoa. buckwheat

notes ▼

Iron rich foods (meats, cereals, beans)

notes ▼

Calcium/Vitamin D

notes ▼

Drinks water, little to no juice

notes ▼



add item

notes

Physical activity

Physical activity that you enjoy:

notes

Physical activities which your family does together:

notes

Activities with break a sweat:

notes

Activities that are regular (daily):

notes

Activities that are frequent (a few days a week):

notes

Activities that are occasional (weekends or 1-2 times a month):

notes

Any uncomfortable or concerning symptoms when doing physical activities?

notes

What prevents physical activity from being more regular?

notes

Ways stretching included in day:

notes

Sleep Patterns

Bedtime:

notes

TV or device in bedroom?

notes

Screen shut off time:

notes

How long does it take to fall asleep?

notes

Routines before bedtime:



notes

Sleep aids (melatonin, epsom salt baths, chamomile tea, weighted blanket):

notes

How many wakings per night?

notes

Nightmares?

notes

What happens when waking in the middle of the night?

notes

Wake up time:

notes

Energy levels when waking up?

notes

School/Education

School Grade:

notes

Overall school interest/participation:

notes

Parent observations about school:

notes

Teacher feedback:

notes

School counselor involvement:

notes

504 Plan:

notes

Smoking Status (ARRA)

select smoking status

Specific Substance Use History Teens

Tobacco use (Cigarettes; Chewing tobacco)



notes

E-cigs/Vaping

notes

Marijuana

notes

Alcohol

notes

Inhalants

notes

Prescription drug abuse

notes

Cocaine

notes

D2C ROS Psychiatric

Make All: Yes No N/A

Yes No N/A

Academic stress and pressure
notes

Feeling anxious, agitated, restless
notes

Feeling angry, aggressive
notes

Feeling numb or without emotion (flat affect)
notes

Feelings of loneliness or isolation
notes

Feelings of sadness, crying often
notes

Thoughts of hopelessness or despair
notes



Thoughts of harm to others

Yes No N/A

Thoughts of self harm

Trouble with socialization

Peer pressure experiences

Lack of sleep- inability to fall asleep or stay asleep

Mood fluctuations

Obsessive thoughts and compulsive behaviors

Loss of family; separation; foster care

History of trauma, abuse or neglect

Yes No N/A

History of psychiatric hospitalizations

Intense fears or phobias

Family conflicts

Family history of psychiatric illness

Seeing a counselor/psychologist

add item



notes

D2C ROS Neurological

Make All: Yes No N/A

Yes No N/A

Altered mental status/acute changes in behavior

notes

Staring spells

notes

Light sensitivity

notes

Migraines; h/o; aura?

notes

Sound sensitivity

notes

Headaches; nature; frequency; duration if answered yes

notes

Tics; if yes; nature, vocal, motor, combined

notes

Tremors; jerking movements

notes

Yes No N/A

Night terrors; intense nightmares

notes

Changes in academic performance

notes

Changes in memory, cognition

notes

Changes in personality, mood or behavior

notes

Developmental regression

notes



Review of Systems by system

Make All: **Abn** **NL** **N/A**

Abn NL N/A

Constitutional

Eyes

Ears, Nose, Mouth, Throat

Respiratory

Cardiovascular

Endocrine

Gastrointestinal

Genitourinary

Abn NL N/A

Lymphatic

Integumentary

Musculoskeletal

Neurologic



- Psychiatric**
notes
- add item**
notes

Physical Exam

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

ABN NL N/E

- General Appearance**
notes
- Head**
notes
- Eyes**
notes
- Ears**
notes
- Nose**
notes
- Oropharynx**
notes
- Neck**
notes
- Chest**
notes

ABN NL N/E

- Cardiovascular**
notes
- Lungs**
notes
- Abdomen**
notes
- Genitourinary**



notes

Musculoskeletal

notes

Neurologic

notes

Skin

notes

Extremities

notes

ABN NL N/E

Psychiatric

notes

add item

notes

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

Forecast results are not intended to replace clinical decision making

▼ Vaccines For Children

Insurance and Race as of 02/27/25

Eligibility Status: select an eligibility status

Immunization Orders

Select Vaccine Lots

Order

Refuse

select an immunization

Immunization Consent

Select All

I personally provided parent education about immunizations and the appropriate CDC VIS was provided for each



vaccine. Parent was counseled about the risks and benefits of each antigen administered. Verbal consent was obtained for each of the vaccines given.

notes

add item

notes

Lab

[Print Labels](#) [Generate Requisition](#)

select a lab

Medical Procedure

select a medical procedure

Medical Test

select a medical test

Injection

select an injection

Radiology

[Generate Requisition](#)

select a radiology

Diagnoses

Anxiety disorder

Refine the diagnosis of Anxiety disorder

Include on Patient Reports

notes

Add to Problem List Onset: Problem Note:

Generalized anxiety disorder

Include on Patient Reports

notes

Add to Problem List Onset: Problem Note:

Anxiety about altered body image

Include on Patient Reports

notes

Add to Problem List Onset: Problem Note:

Anxiety disorder of childhood

Refine the diagnosis of Anxiety disorder of childhood

Include on Patient Reports

notes

 Add to Problem ListOnset: Problem Note: Childhood emotional disorder

Refine the diagnosis of Childhood emotional disorder

 Include on Patient Reports

notes

 Add to Problem ListOnset: Problem Note: Adjustment disorder with anxious mood

Refine the diagnosis of Adjustment disorder with anxious mood

 Include on Patient Reports

notes

 Add to Problem ListOnset: Problem Note: select diagnosis

notes

Medication dosing, administration, side effects, counseling

Assess Family's Comfort with Providing Medications

notes

Current Medications

notes

Medication Side Effects (Sleep, Appetite, Tics, Mood)

notes

SSRI: Medication started,will monitor and adjust to therapeutic dose within 1-2 weeks.

notes

Adjust Dose(s) for Weight or Signs/Symptoms

notes

Depression and/or Anxiety: Discussed options including psychiatry/psychology available as well as school, family and/or other supports for counseling. Medication included today with titration gradually depending on the response. Patient will be seen or communicate within a few weeks their progress. Risks, benefits, and side effects of medications were reviewed and discussed in detail including worsening depression, the black box warning about the potential for increased suicide risk among adolescents treated with these medications.possible behavior changes. headaches, sexual dysfunction if applicable, weight change, appetite change, sedation or drowsiness. Patient agreed to alert others and to seek help promptly if they would experience any intensification of their previous passive thoughts of life not being worth living. Patient and/or family verbalized understanding and agreed to the initiation of or continuation of drug therapy



notes

Medication included today with titration gradually depending on the response. Patient will be seen or communicate within a few weeks their progress. Risks, benefits, and side effects of medications were reviewed and discussed in detail including worsening depression, the black box warning about the potential for increased suicide risk among adolescents treated with these medications, possible behavior changes, headaches, sexual dysfunction if applicable, weight change, appetite change, sedation or drowsiness. Patient agreed to alert others and to seek help promptly if they would experience any intensification of their previous passive thoughts of life not being worth living. Patient and/or family verbalized understanding and agreed to the initiation of or continuation of drug therapy.

notes

Depression and/or Anxiety Follow-up: Continue Medications as discussed. Patient will need to continue therapy to determine if meds may be weaned in future.

notes

Discussed with family about Cognitive Behavioral Therapy (CBT). Provided resources.

notes

Assessment and Plan Notes

[Empty text box for Assessment and Plan Notes]

Counseling

[Empty text box for Counseling]

Forms

select a form

Followup

- Follow up if symptoms are not improving
- Follow up in 1 month
- Follow up in 2 months
-

Referral

Care Plan (Chart-wide)

Display:

No Interventions

Care Coordination and Care Plan Management

[Empty text box for Care Coordination and Care Plan Management]



Visit Documents

Navigational Anchors in D2C Anxiety

1. Intake
2. Screening
3. Growth Charts
4. Chief Complaint
5. Past, Social, Family History
6. Medical History
7. HPI
8. D2C ROS Psychiatric
9. D2C ROS Neurological
10. Review of Systems
11. Physical Exam
12. Immunizations
13. Lab
14. Medical Procedures
15. Injection Orders
16. Radiology
17. Diagnoses
18. Prescriptions
19. Counseling
20. Forms
21. Followup Orders
22. Referral
23. Visit Documents