



### Intake

Next Visit (Chart-wide) No Saved Notes

Edit

### Screening

- Developmental history
- MCHAT-R
- QCHAT
- CIRENE Developmental Questionnaire (6-18 years)
- PSC (Pediatric Symptom Checklist) 35
- Childhood Sleep Questionnaire
- Visit Priorities with Chronic Conditions
- 

### Informant/Relationship

### Vitals

- Temperature  °F
- Weight  lbs  oz
- Height  in
- BMI
- Blood Pressure  s /  d
- Pulse  bpm
- O<sub>2</sub> 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

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

Edit

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

Edit

**HPI**

**Special Needs**



Make All:

Yes No N/A

- Speech language therapy**
- Occupational therapy**
- Physical therapy**
- ABA (Applied Behavioral Analysis) Therapy**
- AAC device communication**
- Aquatic therapy**
- Equine (Horseback) Therapy**
- ARFID (Avoidant Restrictive Food Intake Disorder)**

Yes No N/A

- Neurofeedback**
- Interactive Metronome**
- Toilet training hurdles (encopresis and enuresis)**
- Social skills groups**
- Behavioral health struggles**
- Emotional impulsivity**



Chronic insomnia

notes

Learning difficulties

notes

Yes No N/A

Obsessive compulsive disorder

notes

ADHD comorbidity

notes

Self-injurious behaviors

notes

Aggressive behaviors

notes

Anxious behaviors

notes

Medications

notes

Psychiatrist

notes

add item

notes

**Nutrition**

Select All

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

notes

Decreased Appetite/Picky Eating

notes

Fruits

notes

Vegetables

notes



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

notes

Protein Sources

notes

Calcium/Vitamin D

notes

Iron rich foods (meats, cereals, beans)

notes

Drinks water, little to no juice

notes

Multivitamin and or Vit D supplement discussed

notes

add item

notes

### Physical activity

Physical activity that you enjoy:

notes

Physical activities which your family does together:

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

Types of movement:

notes

Ways stretching included in day:

notes

What prevents physical activity from being more regular?



notes

**Sleep Patterns**

Bedtime:

notes

Routines before bedtime:

notes

How long does it take to fall asleep?

notes

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

notes

TV or device in bedroom?

notes

Screen shut off time:

notes

What happens when waking in the middle of the night?

notes

How many wakings per night?

notes

Wake up time:

notes

Energy levels when waking up?

notes

Snoring?

notes

**Review of Systems by system**

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

Abn NL N/A

Allergic/Immunologic

notes

Constitutional



notes

Eyes

notes

Ears, Nose, Mouth, Throat

notes

Cardiovascular

notes

Respiratory

notes

Gastrointestinal

notes

Genitourinary

notes

Abn NL N/A

Lymphatic

notes

Integumentary

notes

Endocrine

notes

Musculoskeletal

notes

Neurologic

notes

Psychiatric

notes

add item

notes

**Physical Exam**

Make All:  ABN  NL  N/E



ABN NL N/E

   **General Appearance**   **Head**   **Eyes**   **Ears**   **Nose**   **Oropharynx**   **Neck**   **Lungs**

ABN NL N/E

   **Chest**   **Cardiovascular**   **Abdomen**   **Genitourinary**   **Musculoskeletal**   **Skin**   **Neurologic**





Psychiatric

notes

ABN NL N/E

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

Order Rapid Strep (in office)

Order Rapid Flu A&B (in office)

Order Mono Spot (in office)



**Order** select a lab

### Medical Procedure

**Order** select a medical procedure

### Medical Test

**Order** select a medical test

### Injection

**Order** select an injection

### Radiology

Generate Requisition

**Order** select a radiology

### Diagnoses

- Autistic disorder of childhood onset

Refine the diagnosis of Autistic disorder of childhood onset

Include on Patient Reports

notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

- High-functioning autism

Include on Patient Reports

notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

- Mixed developmental disorder

Include on Patient Reports

notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

- Apraxia

Refine the diagnosis of Apraxia

Include on Patient Reports

notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

- Mixed receptive-expressive language disorder

Refine the diagnosis of Mixed receptive-expressive language disorder

Include on Patient Reports



notes

Add to Problem List

Onset:

Problem Note:

Motor skill disorder

Refine the diagnosis of Motor skill disorder

Include on Patient Reports

notes

Add to Problem List

Onset:

Problem Note:

Feeding difficulties and mismanagement

Include on Patient Reports

notes

Add to Problem List

Onset:

Problem Note:

Sleep pattern disturbance

Refine the diagnosis of Sleep pattern disturbance

Include on Patient Reports

notes

Add to Problem List

Onset:

Problem Note:

select diagnosis

notes

### Plan Notes

### Forms

select a form

### Followup

Follow up if symptoms are not improving

Follow up in 1 month

Follow up in 2 months

Follow up in 3 months

select a followup

### Referral



Order

select a referral

**Care Plan (Chart-wide)**

Print

Display: All Statuses



Edit

No Interventions

**Care Coordination and Care Plan Management****Visit Documents****Navigational Anchors in D2C Autism Care-Coordination**

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