



Intake

Next Visit (Chart-wide) No Saved Notes

Edit

Screening

- Brief Early Childhood Screening Assessment w/depression
- PHQ-9 Modified (12-17 years)
- PSC (Pediatric Symptom Checklist) 35
- CRAFFT + N Self Administered
- Childhood Sleep Questionnaire
- Potential Stressors
- Social Skills Inventory
- Adolescent Questionnaire- YOUTH
- ▼

Informant/Relationship

Vitals

Temperature	<input type="text"/> °F	<input type="button" value="+"/>
	<input type="text" value="Tympanic"/> ▼	
Weight	<input type="text"/> lbs <input type="text"/> oz	<input type="button" value="+"/>
Length	<input type="text"/> in	<input type="button" value="+"/>
Height	<input type="text"/> in	<input type="button" value="+"/>
BMI		
Blood Pressure	<input type="text"/> s / <input type="text"/> d	<input type="button" value="+"/>
	<input type="text" value="Unspecified Location"/> ▼	
	<input type="text" value="Sitting"/> ▼	
Pulse	<input type="text"/> bpm	<input type="button" value="+"/>
O ₂ Saturation	<input type="text"/> %	<input type="button" value="+"/>
Respiratory Rate	<input type="text"/> bpm	<input type="button" value="+"/>

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



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



- Vitamins or supplements (ie MVI with folate)

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



Types of movement:

notes



Ways stretching included in day:

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

Sleep Patterns

Bedtime:

notes

TV or device in bedroom?

notes

Screen shut off time:

notes

Routines before bedtime:

notes

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

notes

How long does it take to fall asleep?

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 ▼

Peer relationships in school:

notes ▼

Teacher feedback:

notes ▼

School counselor involvement:

notes ▼

504 Plan:

notes ▼

Specific Substance Use History Teens

Tobacco use (Cigarettes; Chewing tobacco)

notes ▼

E-cigs/Vaping

notes ▼

Marijuana

notes ▼

Alcohol

notes ▼

Prescription drug abuse

notes ▼

Inhalants

notes ▼

D2C ROS Psychiatric

Make All: Yes No N/A



Yes No N/A

- Feelings of sadness, crying often**
notes ▼
- Feeling numb or without emotion (flat affect)**
notes ▼
- Feelings of loneliness or isolation**
notes ▼
- Feeling anxious, agitated, restless**
notes ▼
- Feeling angry, aggressive**
notes ▼
- Mood fluctuations**
notes ▼
- Repetitive or obsessive thoughts**
notes ▼
- Thoughts of harm to others**
notes ▼

Yes No N/A

- Thoughts of hopelessness or despair**
notes ▼
- Thoughts of self harm**
notes ▼
- Lack of sleep- inability to fall asleep or stay asleep**
notes ▼
- Trouble with socialization**
notes ▼
- Peer pressure experiences**
notes ▼
- Family conflicts**
notes ▼
- Loss of family; separation; foster care**
notes ▼



Academic stress and pressure

notes

Yes No N/A

Seeing a counselor/psychologist

notes

Hallucinations; if yes: auditory or visual, nature, frequency

notes

History of family separation or divorce

notes

History of trauma, abuse or neglect

notes

History of psychiatric hospitalizations

notes

Family history of psychiatric illness

notes

add item

notes

D2C ROS Neurological

Make All:

Yes No N/A

Altered mental status/acute changes in behavior

notes

Migraines; h/o; aura?

notes

Headaches; nature; frequency; duration if answered yes

notes

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

Yes No N/A

add item

notes

Review of Systems by system

Make All:

Abn NL N/A

Allergic/Immunologic

notes

Constitutional

notes

Eyes

notes

Ears, Nose, Mouth, Throat

notes

Cardiovascular

notes

Respiratory

notes

Endocrine

notes

Gastrointestinal

notes

Abn NL N/A

Genitourinary

notes

Lymphatic



notes

Integumentary

notes

Musculoskeletal

notes

Neurologic

notes

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	
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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 03/03/25



Eligibility Status:

Immunization Orders

Select Vaccine Lots

Order

Refuse

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.

-

Lab

Print Labels

Generate Requisition

Order

Hemoglobin (in office)

Order

Fatigue/Anemia Panel

Order

Medical Procedure

Order

Orthostatic Blood Pressures

Order

Medical Test

Order

Injection

Order

Radiology

Generate Requisition

Order

Diagnoses

- Major depression, single episode

Include on Patient Reports



Add to Problem List Onset: Problem Note:

Moderate recurrent major depression

Refine the diagnosis of Moderate recurrent major depression

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: Problem Note:

Adjustment disorder with depressed mood

Refine the diagnosis of Adjustment disorder with depressed mood

Include on Patient Reports

notes

Add to Problem List Onset: Problem Note:

Adjustment disorder with mixed anxiety and depressed mood

Include on Patient Reports

notes

Add to Problem List Onset: Problem Note:

Dysthymia

Refine the diagnosis of Dysthymia

Include on Patient Reports

notes

Add to Problem List Onset: 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

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

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

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

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

Counseling

Plan Notes

Forms

select a form

Followup

Order Follow up if symptoms are not improving

Order Follow up in 2 weeks



Order Follow up in 1 month

Order Follow up in 2 months

Order 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 Depression

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