



**Intake**

**Next Visit (Chart-wide)** No Saved Notes

Edit

**Screening**

Order  ▼

**Informant/Relationship**

▼

**Vitals**

Temperature  °F +

▼

Weight  lbs  oz +

Height  in +

BMI

Pulse  bpm +

Blood Pressure  s /  d +

▼

▼

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:  ▼

Edit

Status	Allergy	Reaction	Onset	Resolved

**PCC eRx Allergies (Chart-wide)** Last Modified N/A

Display:  ▼



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

Decreased Appetite/Picky Eating

Eating-has concern about body or appearance

Fruits

 **Vegetables** **Protein Sources** **Grains: whole grains like oats, barley, quinoa. buckwheat** **Iron rich foods (meats, cereals, beans)** **Calcium/Vitamin D** **Vitamins or supplements (ie MVI with folate)** **add item****Physical activity**

Physical activity that you enjoy:



Physical activities which your family does together:



Any uncomfortable or concerning symptoms when doing physical activities?



Activities with break a sweat:



Activities that are regular (daily):



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



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





Sports:

notes

Gym?

notes

Type of exercises:

notes

Ways stretching included in day:

notes

## Sleep Patterns

Bedtime:

notes

Routines before bedtime:

notes

Screen shut off time:

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

## Specific Substance Use History Teens

Tobacco use (Cigarettes; Chewing tobacco)

**E-cigs/Vaping****Marijuana****Inhalants****Alcohol****Prescription drug abuse****D2C ROS Psychiatric**Make All:   

Yes No N/A

   Binge eating behaviors   Purging behaviors after eating- vomiting or using laxatives   Excessive restriction of eating   Excessive need to exercise   Obsessive thoughts and compulsive behaviors   Mood fluctuations   Thoughts of harm to others   Thoughts of hopelessness or despair



Yes No N/A

- Thoughts of self harm**  
notes
- Trouble with socialization**  
notes
- Peer pressure experiences**  
notes
- Lack of sleep- inability to fall asleep or stay asleep**  
notes
- Family conflicts**  
notes
- History of family separation or divorce**  
notes
- Feeling angry, aggressive**  
notes
- Feeling anxious, agitated, restless**  
notes

Yes No N/A

- Feeling numb or without emotion (flat affect)**  
notes
- Feelings of loneliness or isolation**  
notes
- Feelings of sadness, crying often**  
notes
- Seeing a counselor/psychologist**  
notes
- Psychosis or loss of touch with reality**  
notes
- History of trauma, abuse or neglect**  
notes
- History of psychiatric hospitalizations**  
notes



Academic stress and pressure

notes ▼

Yes No N/A

Family history of psychiatric illness

notes ▼

add item

notes ▼

### D2C ROS Neurological

Make All:

Yes No N/A

Dizziness; lightheadedness

notes ▼

Migraines; h/o; aura?

notes ▼

Headaches; nature; frequency; duration if answered yes

notes ▼

Neuropathic pain/tingling in extremities

notes ▼

Night terrors; intense nightmares

notes ▼

Changes in academic performance

notes ▼

Changes in memory, cognition

notes ▼

Changes in personality, mood or behavior

notes ▼

Yes No N/A

Altered mental status/acute changes in behavior

notes ▼

add item

notes ▼



### Review of Systems by system

Make All:

Abn NL N/A

Constitutional

notes

Eyes

notes

Ears, Nose, Mouth, Throat

notes

Neck

notes

Cardiovascular

notes

Respiratory

notes

Gastrointestinal

notes

Genitourinary

notes

Abn NL N/A

Endocrine

notes

Musculoskeletal

notes

Skin

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**

**Neurologic**



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 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.

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** Orthostatic Blood Pressures

**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

Anorexia nervosa, restricting type

Refine the diagnosis of Anorexia nervosa, restricting type

Include on Patient Reports

notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

Anorexia nervosa, binge-eating purging type

Refine the diagnosis of Anorexia nervosa, binge-eating purging type

Include on Patient Reports

notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

Eating disorder

Refine the diagnosis of Eating disorder

Include on Patient Reports

notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

Anxiety about altered body image

Include on Patient Reports



 Add to Problem List

 Onset: 

 Problem Note: 
 Bulimia nervosa, purging type

 Include on Patient Reports

 Add to Problem List

 Onset: 

 Problem Note: 
 select diagnosis

### Medication dosing, administration, side effects, 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.

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

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

Assess Family's Comfort with Providing Medications

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

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

### Plan Notes



**Counseling**

**Forms**

**Followup**

**Order** Follow up if symptoms are not improving

**Order** Follow up in 1 week

**Order** Follow up in 2 weeks

**Order** Follow up in 1 month

**Order**

**Referral**

**Order**

**Care Plan (Chart-wide)**

Display:

No Interventions

**Care Coordination and Care Plan Management**

**Visit Documents**



## Navigational Anchors in D2C Eating Disorder

1. Intake
2. Screening
3. Growth Charts
4. Past, Social, Family History
5. Medical History
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7. D2C ROS Psychiatric
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9. Physical Exam
10. Immunizations
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15. Diagnoses
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21. Visit Documents