



Intake

Next Visit (Chart-wide) No Saved Notes

Edit

Screening

- Developmental history
- Social Skills Inventory
- Potential Stressors
- PSC (Pediatric Symptom Checklist) 35
- MFQ:Child Self-Report Long Version
- MFQ: Parent Self-Report Long Version
- SCARED: Child Report
-

Informant/Relationship

Vitals

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

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

fineprintLbl

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

Display: All Statuses

Status	Medication	Instructions	Start	Stop

fineprintLbl

Current Medications

Past, Social, Family History

Problem List (Chart-wide)

Display: All Statuses

Status	Problem	Problem Note	Onset	Resolved

Past Medical History (Chart-wide) No Saved Notes

Family Medical History (Chart-wide)

Condition	Relationship	Note

Social History (Chart-wide) No Saved Notes

► Confidential Notes (Chart-wide) No Saved Notes

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

- 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

Types of movement:

notes

Ways stretching included in day:

notes



Activities with break a sweat:

notes [dropdown arrow]

Sleep Patterns

Bedtime:

notes [dropdown arrow]

Routines before bedtime:

notes [dropdown arrow]

TV or device in bedroom?

notes [dropdown arrow]

Screen shut off time:

notes [dropdown arrow]

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

notes [dropdown arrow]

How long does it take to fall asleep?

notes [dropdown arrow]

Nightmares?

notes [dropdown arrow]

Night Terrors?

notes [dropdown arrow]

What happens when waking in the middle of the night?

notes [dropdown arrow]

Wake up time:

notes [dropdown arrow]

Energy levels when waking up?

notes [dropdown arrow]

D2C ROS Psychiatric

Make All: Yes No N/A

Yes No N/A

Feeling angry, aggressive

notes [dropdown arrow]

Feeling anxious, agitated, restless



notes

Feelings of sadness, crying often

notes

Feelings of loneliness or isolation

notes

Feeling numb or without emotion (flat affect)

notes

Intense fears or phobias

notes

Changes in behavior

notes

Family conflicts

notes

Yes No N/A

History of family separation or divorce

notes

Trouble with socialization

notes

History of trauma, abuse or neglect

notes

Worried or fearful often

notes

Peer pressure experiences

notes

Academic stress and pressure

notes

Destructive behaviors

notes

Thoughts of self harm

notes

Yes No N/A

Thoughts of harm to others



notes

Family history of psychiatric illness

notes

add item

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

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
- Skin**
notes
- Neurologic**
notes
- 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
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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.

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

- Emotional impulsivity

Include on Patient Reports

notes



Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

- Childhood emotional disorder

Refine the diagnosis of Childhood emotional disorder



Include on Patient Reports

notes



Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note



Oppositional defiant disorder without chronic irritability-anger with limited prosocial emotions Include on Patient Reports

notes Add to Problem List Onset: mm/dd/yy Problem Note: problem note

Behavior problem of childhood and adolescence Include on Patient Reports

Refine the diagnosis of Behavior problem of childhood and adolescence notes Add to Problem List Onset: mm/dd/yy Problem Note: problem note

Disruptive behavior disorder Include on Patient Reports

Refine the diagnosis of Disruptive behavior disorder notes Add to Problem List Onset: mm/dd/yy Problem Note: problem note

select diagnosis notes

Plan Notes

Forms

select a form

Followup

- Follow up if symptoms are not improving
- Follow up in 2 weeks
- Follow up in 1 month
- Follow up in 2 months
- select a followup

Referral

select a referral

Care Plan (Chart-wide)

Display: All Statuses

No Interventions



Care Coordination and Care Plan Management



Visit Documents

Navigational Anchors in D2C Emotional Issues

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