Intake

| 24   |
|------|
| Edit |

Edit

Next Visit Reason (Chart-wide) No Saved Notes

Next Visit (Chart-wide) No Saved Notes

# Screening

| Order | Vanderbilt Parent Initial                |   |
|-------|--|---|
| Order | Vanderbilt Teacher Initial               |   |
| Order | Social Skills Inventory                  |   |
| Order | Visit Priorities with Chronic Conditions |   |
| Order | select a screening                       | • |

# Informant/Relationship

| Vitals                    |                  |         |
|---------------------------|------------------|---------|
| Temperature               |                  | °F      |
|                           | Tympanic         | •       |
| Weight                    | lbs              | oz      |
| Length                    |                  | in      |
| Height                    |                  | in      |
| BMI                       |                  |         |
| Blood Pressure            | s/               | d       |
|                           | Unspecified Loca | ation 👻 |
|                           | Sitting          | •       |
| Pulse                     |                  | bpm     |
| O <sub>2</sub> Saturation |                  | %       |
| Respiratory Rate          |                  | bpm     |
| O More                    |                  |         |
| Veral Manage              |                  |         |
| Vital Notes               |                  |         |

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

| Chief Complain                                 | t                       |               |           |                 |                  |               |       |          |
|--|-------------------------|---------------|-----------|-----------------|------------------|---------------|-------|----------|
|  |                         |               |           |                 |                  |               |       | •        |
| Allergies (Chart-wide)                         |                         |               |           | Disp            | olay: All Status | es ,          | -     | Edit     |
| Status   | Allergy                 |               | Rea       | action          |                  | Onset         | Res   | olved    |
| PCC ePy Allergi                                | ies (Chart-wide) Last M | Addition N/A  |           |                 | Display:         | All Statu     | 292   | •        |
| Status   | Allergen                |               | ction     | Severity        | Sensitivity Typ  | <u> </u>      | 10000 |          |
|  |                         |               |           |                 |                  |               |       |          |
| Mark as Reviewed                               |                         |               |           |                 |                  |               | fine  | eprintLb |
| Medication Hist                                | tory (Chart-wide) Last  | Modified N/A  |           |                 | Display:         | All Statu     | ses   | •        |
| Status   | Medication              |               |           | Instruct        | ions             |               | Start | Stop     |
| Mark as Reviewed                               | tions                   |               |           |                 |                  |               | fine  | eprintLb |
|  |                         |               |           |                 |                  |               |       | -        |
| Past, Social, Fai<br>Problem List (C<br>Status |                         |               | Proble    | Disp<br>em Note | olay: All Status | es v<br>Onset | -     | Edit     |
| Past Medical Hi                                | istory (Chart-wide) No  | Saved Notes   |           |                 |                  |               | )     | Edit     |
| Family Medical                                 | History (Chart-wide)    |               |           |                 |                  |               |       | Edit     |
| Co   | ondition                | Rela          | ationship |                 | N                | ote           |       |          |
|  |                         |               |           |                 |                  |               |       |          |
| Social History (                               | Chart-wide) No Saved    | Notes         |           |                 |                  |               |       | Edit     |
| Confidential                                   | Notes (Chart-wide) No   | o Saved Notes |           |                 |                  |               |       | Edit     |
| HPI  |                         |               |           |                 |                  |               |       |          |
|  |                         |               |           |                 |                  |               |       |          |
| School/Education                               | on                      |               |           |                 |                  |               |       |          |
| School Grade:                                  |                         |               |           |                 |                  |               |       |          |



| notes   | - |
|---|---|
| Overall school interest/participation:  |   |
| notes   | - |
|   |   |
| Parent observations about school:   |   |
| notes   | • |
| Teacher feedback:   |   |
| notes   |   |
| Subjects easier to learn:   |   |
| notes   |   |
| Subjects harder to learn:   |   |
| notes   |   |
| School counselor involvement:   |   |
| notes   |   |
| 504 Plan:   |   |
| notes   | - |
|   |   |
| IEP:<br>notes   |   |
|   |   |
| Home-schooling:   | 1 |
| notes   |   |
| Sleep Patterns  |   |
| Bedtime:  |   |
| notes   | - |
| TV or device in bedroom?  |   |
| notes   | - |
| Screen shut off time:   |   |
| notes   | - |
|   |   |
| Sleep aids (melatonin, epsom salt baths, chamomile tea, weighted blanket):<br>notes |   |
|   |   |
| How long does it take to fall asleep?   |   |
| notes   | 7 |

How many wakings per night?



| notes   | •                                     |
|---|---------------------------------------|
| Snoring?  |                                       |
| notes   |                                       |
| What happens when waking in the middle of the night?          |                                       |
| notes   | •                                     |
| Nake up time:   |                                       |
| notes   |                                       |
| Energy levels when waking up?                                 |                                       |
| notes   | •                                     |
|   |                                       |
| Nutrition   |                                       |
| Select All  |                                       |
| Balanced diet (wide variety, fruits/veggies, limit junk food) |                                       |
| notes   |                                       |
| Decreased Appetite/Picky Eating                               |                                       |
| notes   | -                                     |
| Snacks: preferred types and varieties                         |                                       |
| 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  | 1  | -           |
| noteo  |  | •           |
| Physical ac  | tivity   |             |
|  | ivity that you enjoy:  |             |
| notes  |  |             |
| Physical act   | ivities which your family does together:   |             |
| notes  |  |             |
| Types of mo  | ovement:   |             |
| notes  |  |             |
| Ways stretcł   | hing included in day:  |             |
| notes  |  | -           |
| Activities the   | at are regular (daily):  |             |
| notes  |  | -           |
| Activities the   | at are frequent (a few days a week):   |             |
| notes  |  | -           |
|  |  |             |
|  | at any approximate (used and 2 dimension approximate).   |             |
|  | at are occasional (weekends or 1-2 times a month):   |             |
| notes  |  |             |
| notes<br>What preven   | at are occasional (weekends or 1-2 times a month):<br>Its physical activity from being more regular? |             |
| notes<br>What preven   |  |             |
| notes<br>What preven<br>notes<br>Review of S<br>Make All:                  | ats physical activity from being more regular?<br>Systems by system<br>Abn NL N/A                    |             |
| notes<br>What preven<br>notes<br>Review of S<br>Make All:                  | ats physical activity from being more regular?<br>Systems by system<br>Abn NL N/A                    |             |
| notes<br>What preven<br>notes<br>Review of S<br>Make All: [/<br>Abn NL N/A | Abn NL N/A   | •           |
| notes<br>What preven<br>notes<br>Review of S<br>Make All: [/<br>Abn NL N/A | Abn NL N/A<br>Allergic/Immunologic   | •           |
| notes<br>What preven<br>notes<br>Review of S<br>Make All: [/<br>Abn NL N/A | Abn NL N/A<br>Allergic/Immunologic<br>notes  | •           |
| notes<br>What preven<br>notes<br>Review of S<br>Make All: [/<br>Abn NL N/A | Abn NL N/A<br>Allergic/Immunologic<br>notes<br>Constitutional  | •           |
| notes<br>What preven<br>notes<br>Review of S<br>Make All: Abn NL N/A       | Abn NL N/A<br>Allergic/Immunologic<br>notes<br>Constitutional<br>notes                               | •           |
| notes<br>What preven<br>notes<br>Review of S<br>Make All: Abn NL N/A       | Abn NL N/A<br>Allergic/Immunologic<br>notes<br>Constitutional<br>notes                               | •<br>•<br>• |



| 0 0  | 0   | Cardiovascular   |  |
|------|-----|------------------|--|
|      |     | notes            |  |
| 0 0  | 0   | Respiratory      |  |
|      |     | notes            |  |
| 0    | 0   | Gastrointestinal |  |
|      |     | notes            |  |
| 0    | 0   | Genitourinary    |  |
|      |     | notes            |  |
| n NL | N/A | Lymphatic        |  |
|      |     | notes            |  |
| 0 0  | 0   | Integumentary    |  |
|      |     | notes            |  |
| 0    | 0   | Endocrine        |  |
|      |     | notes            |  |
| 0 0  | 0   | Musculoskeletal  |  |
|      |     | notes            |  |
| 0    | 0   | Neurologic       |  |
|      |     | notes            |  |
| 0    | 0   | Psychiatric      |  |
|      |     | notes            |  |
| 0 0  | 0   | add item         |  |
|      |     | notes            |  |

| 000   | <ul> <li>General Appearance</li> </ul> |   |
|-------|--|---|
|       | notes                                  | * |
| 0 0 0 | O Head                                 |   |
|       | notes                                  | • |
| 000   | O Eyes                                 |   |

pcc 03/03/2025 3:42PM



|     |   |     | notes           |   |
|-----|---|-----|-----------------|---|
| 0   | 0 | 0   | Ears            |   |
|     |   |     | notes           |   |
| 0   | 0 | 0   | Nose            |   |
|     |   |     | notes           |   |
| 0   | 0 | 0   | Oropharynx      |   |
|     |   |     | notes           | , |
| 0   | 0 | 0   | Neck            |   |
|     |   |     | notes           | 2 |
| 0   | 0 | 0   | Lungs           |   |
|     |   |     | notes           |   |
| BN  |   | N/E |                 |   |
| 0   | 0 | 0   | Chest           |   |
|     |   |     | notes           |   |
| 0   | 0 | 0   | Cardiovascular  |   |
|     |   |     | notes           |   |
| 0   | 0 | 0   | Abdomen         |   |
|     |   |     | notes           |   |
| 0   | 0 | 0   | Genitourinary   |   |
|     |   |     | notes           | 2 |
| 0   | 0 | 0   | Musculoskeletal |   |
|     |   |     | notes           |   |
| 0   | 0 | 0   | Skin            |   |
|     |   |     | notes           |   |
| 0   | 0 | 0   | Neurologic      |   |
|     |   |     | notes           |   |
| 0   | 0 | 0   | Psychiatric     |   |
|     |   |     | notes           |   |
| 100 |   | N/E | add item        |   |
| 0   | 0 | 0   | notes           |   |



## Immunizations

| Vaccines          |   |   | Print    |
|-------------------|---|---|----------|
| There a           | re no immunizations recorded for this pati  | ent   |          |
| Ordered           |   |   |          |
| Diseases          |   |   |          |
| There a           | re no vaccine-preventable diseases for this | s patient   |          |
| orecasting Result | Updated: NA                                 | ✓ Show Informational Warnings(0)                  | Refresh  |
|                   |   |   |          |
|                   | Forecast res                                | sults are not intended to replace clinical decisi | on makin |
| Vaccines For Ch   |   | sults are not intended to replace clinical decisi | on makin |
|                   |   | sults are not intended to replace clinical decisi | on makir |

#### Immunization Orders

| Select Va | ccine Lots |                          |     |
|-----------|------------|--------------------------|-----|
| Order     | Refuse     | select an immunization   | 1.1 |
|           |            | select an infinunization | 1   |

#### 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    | * |   |
|----------|---|---|
|          | - | 1 |
| add item |   | - |
| notes    | - |   |

#### Lab

| Order | select a lab | - |
|-------|--------------|---|
|-------|--------------|---|

### Medical Procedure

| Order select a medical procedure | 1 | * |  |
|----------------------------------|---|---|--|
|----------------------------------|---|---|--|

## Medical Test

| Order | select a medical test | - |
|-------|-----------------------|---|
|       |                       |   |

## Injection

| Order select an injection | - | - |
|---------------------------|---|---|
|---------------------------|---|---|

### Radiology

Generate Requisition

Generate Requisition

Print Labels

| Order select a radiology  |  |
|---|--|
| agnoses   |  |
| Academic problem  |  |
| Refine the diagnosis of Academic problem  |  |
|   | Include on Patient Report  |
| notes   |  |
| Add to Problem List Onset: mm/dd/yy Problem Note: problem n   | note   |
| Developmental academic disorder   |  |
| Refine the diagnosis of Developmental academic disorder   |  |
|   | Include on Patient Reports   |
| notes   |  |
| Add to Problem List Onset: mm/dd/yy Problem Note: problem n   | note   |
| Specific academic or work inhibition  |  |
| Specific academic or work inhibition  | Include on Patient Report  |
|   | N  |
| notes   |  |
| Add to Problem List Onset: mm/dd/yy Problem Note: problem n   | note   |
| Add to Problem List Onset: mm/dd/yy Problem Note: problem n   |  |
|   |  |
| Add to Problem List Onset: mm/dd/yy Problem Note: problem n   | note   |
| Add to Problem List Onset: mm/dd/yy Problem Note: problem n   | note  Include on Patient Report  |
| Add to Problem List       Onset: mm/dd/yy       Problem Note: problem note:         Dissatisfaction with school environment         notes         Add to Problem List       Onset: mm/dd/yy       Problem Note: problem note:   | note  Include on Patient Report  |
| <ul> <li>Add to Problem List Onset: mm/dd/yy Problem Note: problem n</li> <li>Dissatisfaction with school environment</li> <li>notes</li> <li>Add to Problem List Onset: mm/dd/yy Problem Note: problem n</li> <li>Discord in school</li> </ul>   | note  Include on Patient Report  |
| Add to Problem List       Onset: mm/dd/yy       Problem Note: problem note:         Dissatisfaction with school environment         notes         Add to Problem List       Onset: mm/dd/yy       Problem Note: problem note:   | note  Include on Patient Reports note  |
| <ul> <li>Add to Problem List Onset: mm/dd/yy Problem Note: problem notes</li> <li>Dissatisfaction with school environment</li> <li>notes</li> <li>Add to Problem List Onset: mm/dd/yy Problem Note: problem note</li> <li>Discord in school</li> <li>Refine the diagnosis of Discord in school</li> </ul>   | note  Include on Patient Report note  Include on Patient Report Include on Patient Report  |
| Add to Problem List Onset: mm/dd/yy Problem Note: problem note:   Dissatisfaction with school environment   notes   Add to Problem List Onset: mm/dd/yy Problem Note: problem note:   Discord in school   Refine the diagnosis of Discord in school   | note  Include on Patient Report note  Include on Patient Report Includ |
| <ul> <li>Add to Problem List Onset: mm/dd/yy Problem Note: problem notes</li> <li>Dissatisfaction with school environment</li> <li>notes</li> <li>Add to Problem List Onset: mm/dd/yy Problem Note: problem note</li> <li>Discord in school</li> <li>Refine the diagnosis of Discord in school</li> </ul>   | note  Include on Patient Report note  Include on Patient Report Includ |
| Add to Problem List Onset: mm/dd/yy Problem Note: problem note:   Dissatisfaction with school environment   notes   Add to Problem List Onset: mm/dd/yy Problem Note: problem note:   Discord in school   Refine the diagnosis of Discord in school   | note  Include on Patient Report note  Include on Patient Report Include on Patient Report Include on Patient Report  |
| Add to Problem List Onset: mm/dd/yy Problem Note: problem note:   Dissatisfaction with school environment   notes   Add to Problem List Onset: mm/dd/yy Problem Note: problem note:   Discord in school   Refine the diagnosis of Discord in school   notes   Add to Problem List Onset: mm/dd/yy   Problem Note: | note  Include on Patient Report note  Include on Patient Report note   |
| Add to Problem List Onset: mm/dd/yy Problem Note: problem note:   Dissatisfaction with school environment   notes   Add to Problem List Onset: mm/dd/yy Problem Note: problem note:   Discord in school   Refine the diagnosis of Discord in school   notes   Add to Problem List Onset: mm/dd/yy   Problem Note: | note  Include on Patient Report note  Include on Patient Report note  Include on Patient Report Note Include on Patient Report   |
| Add to Problem List       Onset: mm/dd/yy       Problem Note: problem note:         Dissatisfaction with school environment         notes         Add to Problem List       Onset: mm/dd/yy       Problem Note: problem note:         Discord in school         Refine the diagnosis of Discord in school         notes         Add to Problem List       Onset: mm/dd/yy         Problem Note:         problem List       Onset: mm/dd/yy         Problem Note:       problem notes         Learning difficulties  | note  Include on Patient Report note  Include on Patient Report note  Include on Patient Report Note Note Note Note Note Note Note Not   |
| Add to Problem List       Onset: mm/dd/yy       Problem Note: problem note:         Dissatisfaction with school environment         notes         Add to Problem List       Onset: mm/dd/yy         Problem Note:       problem note:         Discord in school         Refine the diagnosis of Discord in school         notes         Add to Problem List       Onset: mm/dd/yy         Problem Note:       problem note:         notes   | note  Include on Patient Report  note  Include on Patient Report  note  N Include on Patient Report  N N N N N N N N N N N N N N N N N N   |
| Add to Problem List       Onset:       mm/dd/yy       Problem Note:       problem note:         Dissatisfaction with school environment         notes         Add to Problem List       Onset:       mm/dd/yy       Problem Note:       problem note:         Discord in school         Refine the diagnosis of Discord in school         notes         Add to Problem List       Onset:       mm/dd/yy       Problem Note:       problem note:         notes   | note  Include on Patient Reports note  Include on Patient Reports note  Include on Patient Reports Note Note Note Note Note Note Note Note   |

|  |  | Onset: mm/dd/yy       | Problem Note: |              |                              |
|--|--|-----------------------|---------------|--------------|------------------------------|
| Difficul   | ty reading   |                       |               |              |                              |
| -  |  |                       |               |              | Include on Patient Reports   |
| notes  |  |                       |               |              |                              |
| □ A  | dd to Problem List   | Onset: mm/dd/yy       | Problem Note: | problem note |                              |
| Basic le   | earning problem in wr  | iting                 |               |              |                              |
|  | Subject M.   | 24                    |               |              | Include on Patient Reports   |
| notes  |  |                       |               |              | •                            |
| <b>A</b>   | dd to Problem List   | Onset: mm/dd/yy       | Problem Note: | problem note |                              |
| Develo   | omental arithmetic dis   | sorder                |               |              |                              |
|  |  |                       |               |              | ✓ Include on Patient Reports |
| notes  |  |                       |               |              |                              |
| □ A  | dd to Problem List   | Onset: mm/dd/yy       | Problem Note: | problem note |                              |
|  |  |                       |               |              |                              |
| Coloct   | diagnosis  |                       |               |              |                              |
|  | diagnosis  |                       |               |              |                              |
| <ul> <li>select</li> <li>notes</li> <li>Plan Note</li> </ul>                 |  |                       |               |              |                              |
| notes<br>Plan Note   |  |                       |               |              |                              |
| notes  | S  |                       |               |              |                              |
| Plan Note Forms select a fo  | S  |                       |               |              |                              |
| Plan Note Forms select a fo  | s  | oms are not improving |               |              |                              |
| Plan Note Forms select a for Followup  | s  | 55                    |               |              |                              |
| Plan Note Forms select a fo Followup Order                                   | s<br>orm<br>Follow up if sympto  | th                    |               |              |                              |
| Plan Note Forms select a fo Followup Order Order                             | s<br>orm<br>Follow up if sympto<br>Follow up in 1 mon                                      | th<br>ths             |               |              |                              |
| Plan Note Plan Note Forms select a fo Followup Order Order Order Order       | s<br>Follow up if sympto<br>Follow up in 1 mon<br>Follow up in 2 mon                       | th<br>ths             |               |              |                              |
| Plan Note Plan Note Forms select a fo Followup Order Order Order Order Order | s<br>Follow up if sympto<br>Follow up in 1 mon<br>Follow up in 2 mon<br>Follow up in 3 mon | th<br>ths             |               |              |                              |

# **Care Coordination and Care Plan Management**

# Visit Documents

|   | Navigational Anchors in D2C Learning 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                                |
| l |   |

19. Visit Documents

•