



Intake

Next Visit (Chart-wide) No Saved Notes

Edit

Next Visit Reason (Chart-wide) No Saved Notes

Edit

Screening

- MDQ
- MFQ: Parent Self-Report Long Version
- PSC (Pediatric Symptom Checklist) 35
- Childhood Sleep Questionnaire
- Visit Priorities with Chronic Conditions
-

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="+"/>
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

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

D2C ROS Psychiatric

Make All:



Yes No N/A

- Mood fluctuations**
notes
- Feeling angry, aggressive**
notes
- Feeling anxious, agitated, restless**
notes
- Feelings of loneliness or isolation**
notes
- Feeling numb or without emotion (flat affect)**
notes
- Feelings of sadness, crying often**
notes
- Obsessive thoughts and compulsive behaviors**
notes
- Severe conduct issues**
notes

Yes No N/A

- Destructive behaviors**
notes
- Trouble with socialization**
notes
- Peer pressure experiences**
notes
- Experiences of bullying or racism**
notes
- Thoughts of harm to others**
notes
- Thoughts of hopelessness or despair**
notes
- Thoughts of self harm**



notes

Lack of sleep- inability to fall asleep or stay asleep

notes

Yes No N/A

Academic stress and pressure

notes

Psychosis or loss of touch with reality

notes

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

notes

Family conflicts

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

Yes No N/A

Seeing a counselor/psychologist

notes

add item

notes

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

 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



Any uncomfortable or concerning symptoms when doing physical activities?

notes



Ways stretching included in day:

notes



What prevents physical activity from being more regular?

notes





Sleep Patterns

Bedtime:

notes

Routines before bedtime:

notes

TV or device in bedroom?

notes

Screen shut off time:

notes

How long does it take to fall asleep?

notes

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

notes

What happens when waking in the middle of the night?

notes

Nightmares?

notes

Wake up time:

notes

Energy levels when waking up?

notes

Specific Substance Use History Teens

Tobacco use (Cigarettes; Chewing tobacco)

notes

E-cigs/Vaping

notes

Marijuana

notes

Alcohol

notes

Inhalants

**Prescription drug abuse****Cocaine****Review of Systems by system**Make All: **Abn** **NL** **N/A**

Abn NL N/A

 Allergic/Immunologic Constitutional Eyes Ears, Nose, Mouth, Throat Cardiovascular Respiratory Endocrine Gastrointestinal

Abn NL N/A

 Genitourinary Lymphatic Integumentary



- 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
- Lungs**
notes

ABN NL N/E

- Chest**
notes
- Cardiovascular**



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

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: select an eligibility status

Immunization Orders

Select Vaccine Lots



Immunization Consent

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

Medical Procedure

Medical Test

Injection

Radiology

Diagnoses

Counseling

Plan Notes

Forms



select a form ▼

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 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 Mood Disorders

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