



### Intake

Next Visit (Chart-wide) No Saved Notes

Edit

### Next Visit Reason

#### Screening

- PSC (Pediatric Symptom Checklist) 35
- SCARED: Child Report
- SCARED: Parent Report
- PHQ-9 Modified (12-17 years)
- 

#### 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="+"/>
Height	<input type="text"/> in	<input style="float: right;" type="button" value="+"/>
Length	<input type="text"/> in	<input style="float: right;" type="button" value="+"/>
BMI		
Pulse	<input type="text"/> bpm	<input style="float: right;" type="button" value="+"/>
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"/>	
Respiratory Rate	<input type="text"/> bpm	<input style="float: right;" type="button" value="+"/>
O <sub>2</sub> Saturation	<input type="text"/> %	<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

### Past, Social, Family History

#### School/Home/Psych History

Select All

 

### Past Medical History (Chart-wide) No Saved Notes

Edit

### Social History (Chart-wide) No Saved Notes

Edit

### Family Medical History (Chart-wide)

Edit

Condition	Relationship	Note

### Problem List (Chart-wide)

Display: All Statuses

Edit

Status	Problem	Problem Note	Onset	Resolved

### 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

### ► Confidential Notes (Chart-wide) No Saved Notes

Edit

### HPI



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**D2C ROS Psychiatric**

Make All:

Yes No N/A

**Academic stress and pressure**

**Repetitive or obsessive thoughts**

**Seeing a counselor/psychologist**

**Severe conduct issues**

**Thoughts of harm to others**

**Thoughts of hopelessness or despair**

**Thoughts of self harm**

**Trouble with socialization**

Yes No N/A

**Lack of sleep- inability to fall asleep or stay asleep**

**Loss of family; separation; foster care**

**Mood fluctuations**

**Obsessive thoughts and compulsive behaviors**

**Peer pressure experiences**



notes

Psychosis or loss of touch with reality

notes

Purging behaviors after eating- vomiting or using laxatives

notes

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

notes

Yes No N/A

History of family separation or divorce

notes

History of trauma, abuse or neglect

notes

History of psychiatric hospitalizations

notes

Impulsive behaviors

notes

Intense fears or phobias

notes

Lack of family support

notes

Family conflicts

notes

Family history of psychiatric illness

notes

Yes No N/A

Feeling angry, aggressive

notes

Feeling anxious, agitated, restless

notes

Feeling numb or without emotion (flat affect)

notes

Feelings of loneliness or isolation



notes

Feelings of sadness, crying often

notes

Binge eating behaviors

notes

Changes in behavior

notes

Changes in mental status

notes

Yes No N/A

Changes in mood

notes

Destructive behaviors

notes

Excessive anger or aggression; destructive behavior

notes

Excessive need to exercise

notes

Excessive restriction of eating

notes

Experiences of bullying or racism

notes

add item

notes

**D2C ROS Neurological**

Make All:

Yes No N/A

Altered mental status/acute changes in behavior

notes

Staring spells

notes



- Light sensitivity**  
notes
- Migraines; h/o; aura?**  
notes
- Sound sensitivity**  
notes
- Headaches; nature; frequency; duration if answered yes**  
notes
- Issues with balance; ataxia**  
notes
- Tics; if yes; nature, vocal, motor, combined**  
notes

Yes No N/A

- Tremors; jerking movements**  
notes
- Ringing in ears**  
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
- Developmental regression**  
notes

Yes No N/A

- Characteristics of Seizures if yes; tonic/clonic/generalized/ focal**  
notes



Concussion: acute; multiple; post-concussion syndrome

notes

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

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 03/04/25

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

Rapid Strep (in office)

Rapid Flu A&B (in office)

Mono Spot (in office)

### Medical Procedure

### Medical Test

### Injection

### Radiology

### Diagnoses

- 

### Counseling

### Plan Notes



[Empty text input field]

**Forms**

select a form [dropdown arrow]

**Followup**

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

**Order** Return to office (list reason and time frame)

**Order** select a followup [dropdown arrow]

**Referral**

**Order** select a referral [dropdown arrow]

**Care Plan (Chart-wide)**

Print

Display: All Statuses [dropdown arrow]

Edit

No Interventions

**Care Coordination and Care Plan Management**

[Empty text input field with dropdown arrow]

**Visit Documents**

**Navigational Anchors in D2C Psychiatric Sick**

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