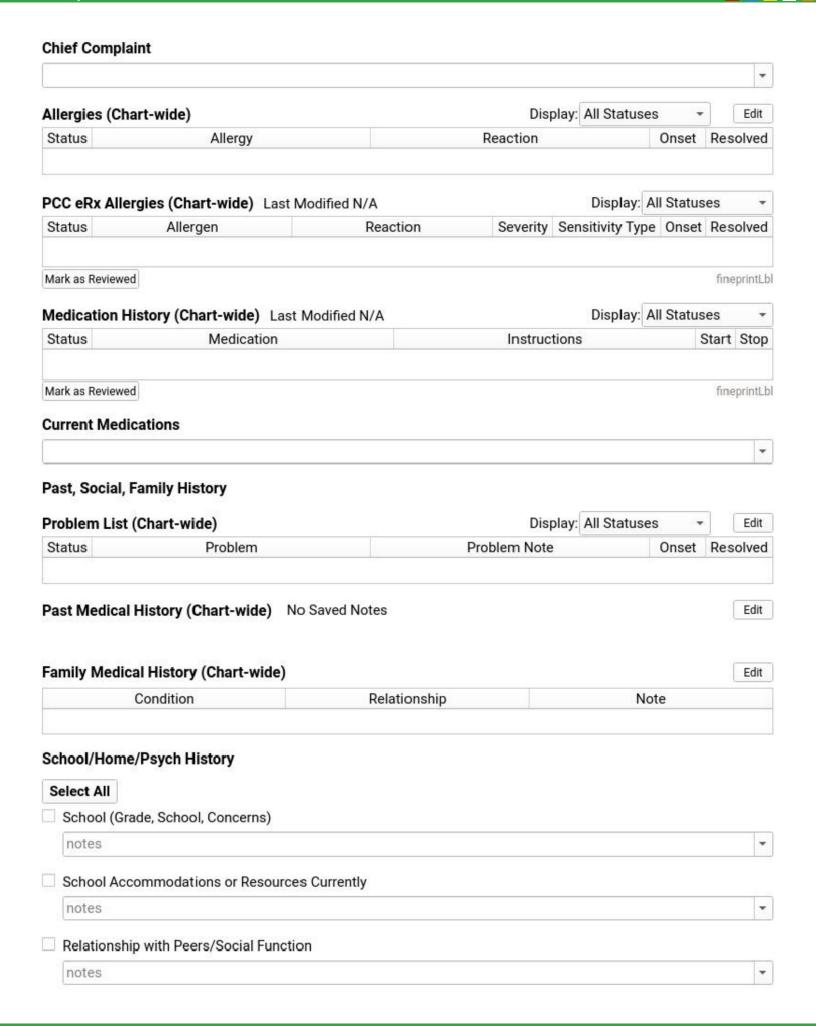
### Intake Next Visit (Chart-wide) No Saved Notes Edit Screening SCARED: Child Report Order SCARED: Parent Report Order PSC (Pediatric Symptom Checklist) 35 Order Childhood Sleep Questionnaire Order CRAFFT + N Self Administered Order Visit Priorities with Chronic Conditions Order Order \* select a screening Informant/Relationship • Vitals Temperature °F Tympanic Weight lbs OZ Height in BMI **Blood Pressure** s / d + Unspecified Location Sitting Pulse bpm O<sub>2</sub> Saturation % Respiratory Rate bpm More Vital Notes

#### **Growth Charts**

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

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\*



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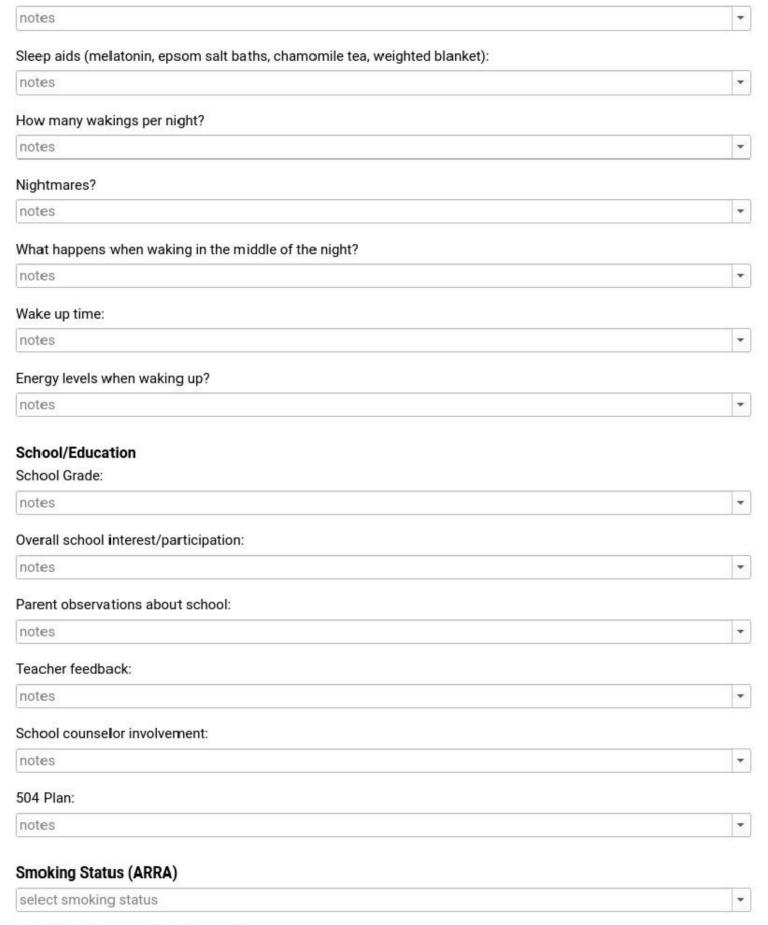
notes

\*

add item	*
notes	•
Physical activity Physical activity that you enjoy:	
notes	<b>v</b>
Physical activities which your family does together:	
notes	▼
Astivities with heads a sugest	
Activities with break a sweat:	<b>v</b>
(*************************************	
Activities that are regular (daily):	
notes	<b>*</b>
Activities that are frequent (a few days a week):	
notes	*
Activities that are occasional (weekends or 1-2 times a month):	
notes	<b>*</b>
Any uncomfortable or concerning symptoms when doing physical ac	tivities?
notes	-
What prevents physical activity from being more regular?	
notes	▼
Ways stretching included in day:	
notes	-
Sleep Patterns Bedtime:	
notes	v.
Constant of the following of the second	
TV or device in bedroom?	
notes	
Screen shut off time:	1 3
notes	<b>*</b>
How long does it take to fall asleep?	
notes	<b>∀</b>

Routines before bedtime:

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**Specific Substance Use History Teens** 

Tobacco use (Cigarettes; Chewing tobacco)

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notes		•
E-cigs/Vapir	ng	
notes		•
Marijuana		
notes		•
Alcohol		
notes		•
Inhalants		
notes		•
Prescription	drug abuse	
notes		•
Cocaine		
notes		•
Yes No N/A		•
000	gy visit and the William and the control of the State of	
	notes	•
000	Feeling angry, aggressive	
	notes	
0 0 0	Feeling numb or without emotion (flat affect)	
	notes	•
000	Feelings of loneliness or isolation	
	notes	▼
0 0 0	Feelings of sadness, crying often	
	notes	•
000	Thoughts of hopelessness or despair	
	notes	-

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add item

notes	*
A commence of the commence of	

# D2C ROS Neurological

Ma	ake A	All:	Yes No N/A	
Yes	No	N/A		
0	0	0	Altered mental status/acute changes in behavior notes	<b>*</b>
0	0	0		
O	O	O	Staring spells notes	-
0	0	0		
			Light sensitivity notes	•
0	0	0	Migraines; h/o; aura?	-
			Section of the control of the contro	•
0	0	0	Sound sensitivity	
				•
0	0	0	Headaches; nature; frequency; duration if answered yes	
			notes	•
0	0	0	Tics; if yes; nature, vocal, motor, combined	
			notes	*
0	0	0	Tremors; jerking movements	
			notes	•
		N/A		
0	0	0	Night terrors; intense nightmares notes	*
^	_			
0	0	0	Changes in academic performance	
			notes	•
0	0	0	Changes in memory, cognition	
			notes	•
0	0	0	Changes in personality, mood or behavior	
			notes	•
0	0	0	Developmental regression	
			notes	*

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0	0	0	add item	-
			notes	-
Rev	iew	of S	ystems by system	
Ma	ake A	All:	Abn NL N/A	
Abn	NL	N/A		
0	0	0	Constitutional	
			notes	▼
$\circ$	0	$\circ$	Eyes	
			notes	
0	0	0	Ears, Nose, Mouth, Throat	
			notes	•
0	0	0	Respiratory	
			notes	•
0	0	0	Cardiovascular	
			notes	-
0	0	0	Endocrine	
			notes	-
0	0	0	Gastrointestinal	
			notes	•
0	0	0	Genitourinary	
			notes	•
Abn	NL	N/A		
0	0	0	Lymphatic	
			notes	▼.
0	0	0	Integumentary	
			notes	
0	0	0	Musculoskeletal	
			notes	•
0	0	0	Neurologic	
			notes	<b>+</b>

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☐ I personally provided parent education about immunizations and the appropriate CDC VIS was provided for each

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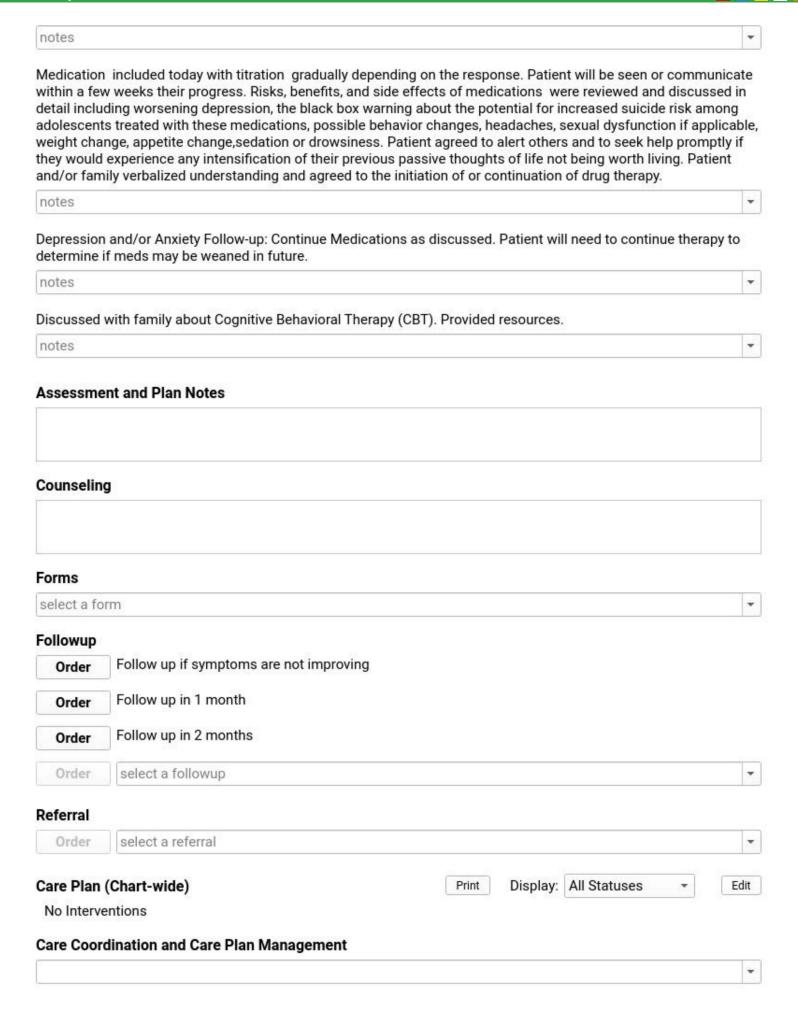
notes					,
add item					
notes					,
					l'
ab				Print Labe	Is Generate Requisition
Order	elect a lab				,
ledical Proce	edure				
Order s	elect a medical pr	ocedure			,
Order s	elect a medical te	et			
oldei	elect a medical te	51			
jection					
Order s	elect an injection				,
Older	cicot un injection				
	elect all hijection				Generate Requisition
adiology Order s	elect a radiology				Generate Requisition
order siagnoses Anxiety disc	elect a radiology	ety disorder			
adiology Order s iagnoses Anxiety disc	elect a radiology	ety disorder		✓ Incl	,
adiology Order s iagnoses Anxiety disc	elect a radiology	ety disorder		<b>✓</b> Incl	,
adiology Order s iagnoses Anxiety disc Refine the	elect a radiology	ety disorder  Onset: mm/dd/yy	Problem Note:	20000000	ude on Patient Reports
adiology Order s iagnoses Anxiety disc Refine the	order diagnosis of Anxio		Problem Note:	20000000	ude on Patient Reports
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adiology Order s iagnoses Anxiety disc Refine the notes Add t	order diagnosis of Anxio		Problem Note:	problem note	ude on Patient Reports
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adiology Order s iagnoses Anxiety disc Refine the notes Add t	order diagnosis of Anxi o Problem List d anxiety disorder	Onset: mm/dd/yy  Onset: mm/dd/yy		problem note  Incl problem note	ude on Patient Reports
adiology Order s iagnoses Anxiety disc Refine the notes Add t	order diagnosis of Anxi o Problem List d anxiety disorder	Onset: mm/dd/yy  Onset: mm/dd/yy		problem note  Incl problem note	ude on Patient Reports

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			✓ Include on Patient R	eports
notes				,
Add to Problem List	Onset: mm/dd/yy	Problem Note:	problem note	
Childhood emotional disorde	er.			
Refine the diagnosis of Child		der		
			✓ Include on Patient R	eport
notes			THE POP EXHIBIT SERVICES CONTROL OF PRODUCTS PRO	
Add to Problem List	Onset: mm/dd/yy	Problem Note:	problem note	
Adjustment disorder with an	vious mood		1	
Refine the diagnosis of Adju	End Set State Control Associated	nxious mood		- 5
			✓ Include on Patient R	eport
notes				1 6
Add to Problem List	Onset: mm/dd/yy	Problem Note:	problem note	13
select diagnosis				
notes				
ledication dosing, administra	ation, side effects, co	ounselina		
ssess Family's Comfort with P	12.5			
otes				1
urrent Medications				
otes				
ledication Side Effects (Sleep,	Appetite, Tics, Mood)			
otes				
SRI: Medication started,will mo	nitor and adjust to the	rapeutic dose with	nin 1-2 weeks.	1000
notes				
djust Dose(s) for Weight or Sig	ins/Symptoms			
notes				

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

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#### Visit Documents

# Navigational Anchors in D2C Anxiety

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

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