## Intake Edit Next Visit (Chart-wide) No Saved Notes Screening Developmental history Order Social Skills Inventory Order Potential Stressors Order PSC (Pediatric Symptom Checklist) 35 Order MFQ:Child Self-Report Long Version Order MFQ: Parent Self-Report Long Version Order SCARED: Child Report Order \* Order select a screening Informant/Relationship Vitals Temperature °F Tympanic Weight lbs oz Length in Height in BMI s/ d **Blood Pressure** Unspecified Location Sitting Pulse bpm O<sub>2</sub> Saturation %

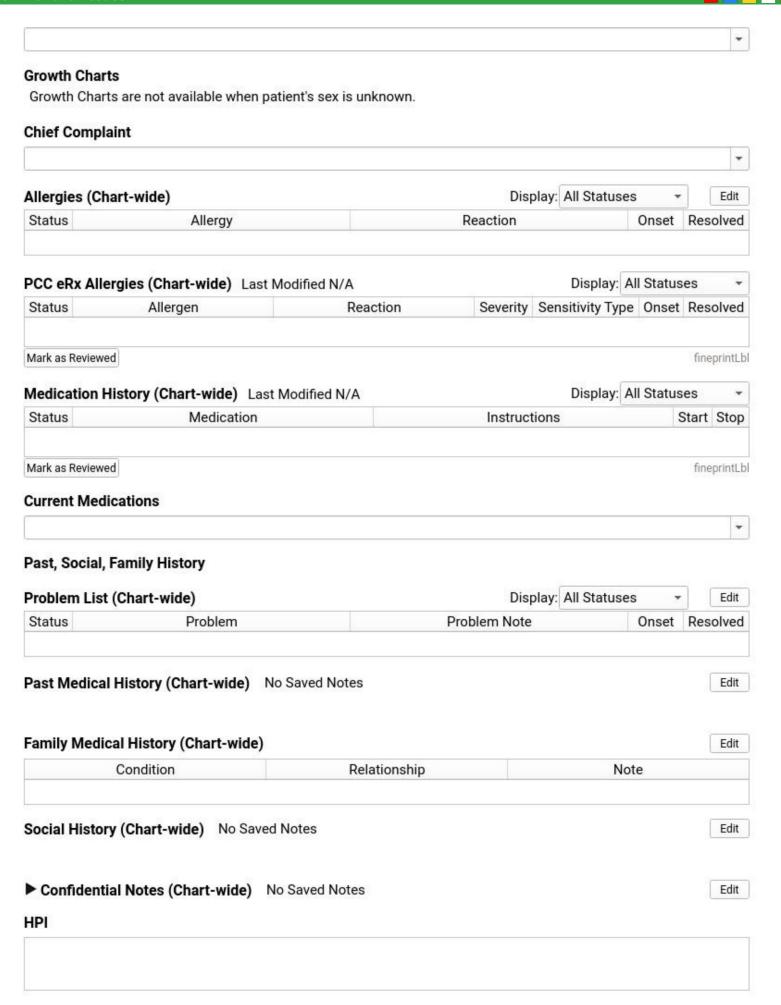
#### Vital Notes

More

Respiratory Rate

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bpm

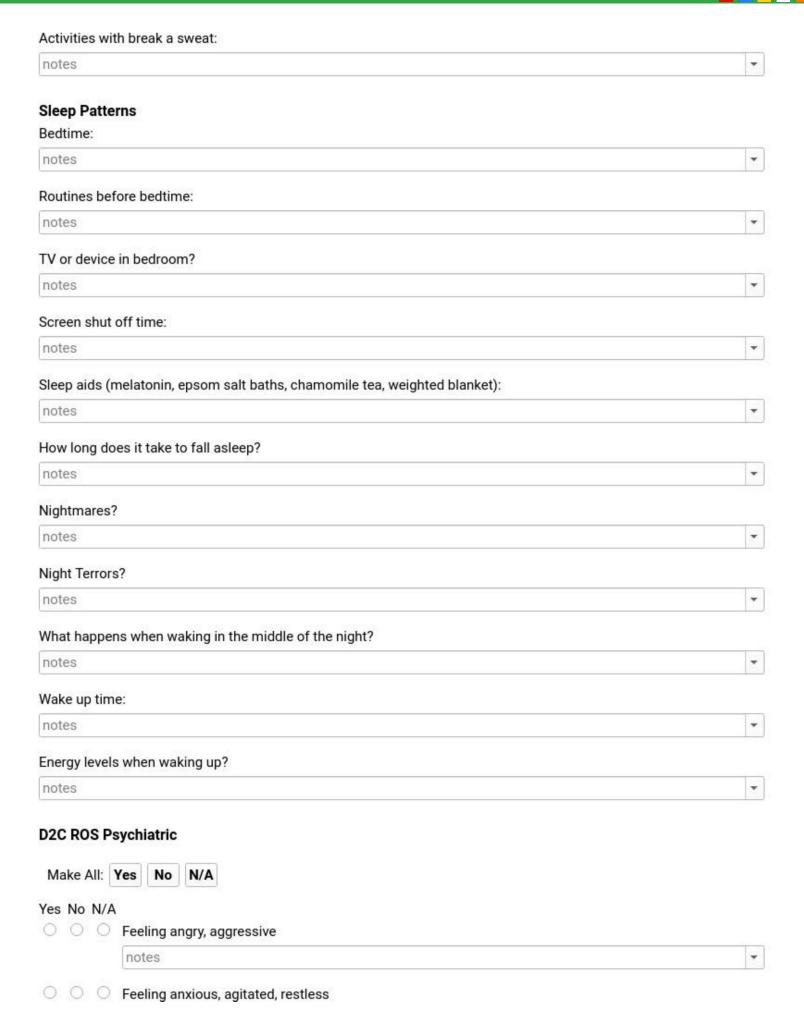


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## Nutrition

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	,
hysical activity hysical activity that you enjoy:	
otes	
	/
hysical activities which your family does together:	
otes	
ypes of movement:	
otes	
ays stretching included in day:	
otes	

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			notes	•
0	0	0	Feelings of sadness, crying often	
			notes	•
0	0	0	Feelings of loneliness or isolation	
			notes	•
0	0	0	Feeling numb or without emotion (flat affect)	
			notes	•
0	0	0	Intense fears or phobias	
			notes	•
0	0	0	Changes in behavior	
			notes	•
0	0	0	Family conflicts	
			notes	•
Yes	No	N/A		
0	0	0	History of family separation or divorce	
			notes	*
0	0	0	Trouble with socialization	
			notes	•
0	0	0	History of trauma, abuse or neglect	-
			notes	
$\circ$	0	0	Worried or fearful often	
			notes	•
$\circ$	0	0	Peer pressure experiences	
			notes	•
$\circ$	0	0	Academic stress and pressure	
			notes	-
$\circ$	0	0	Destructive behaviors	
			notes	•
0	0	0	Thoughts of self harm	
			notes	•

Yes No N/A

O O Thoughts of harm to others

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notes

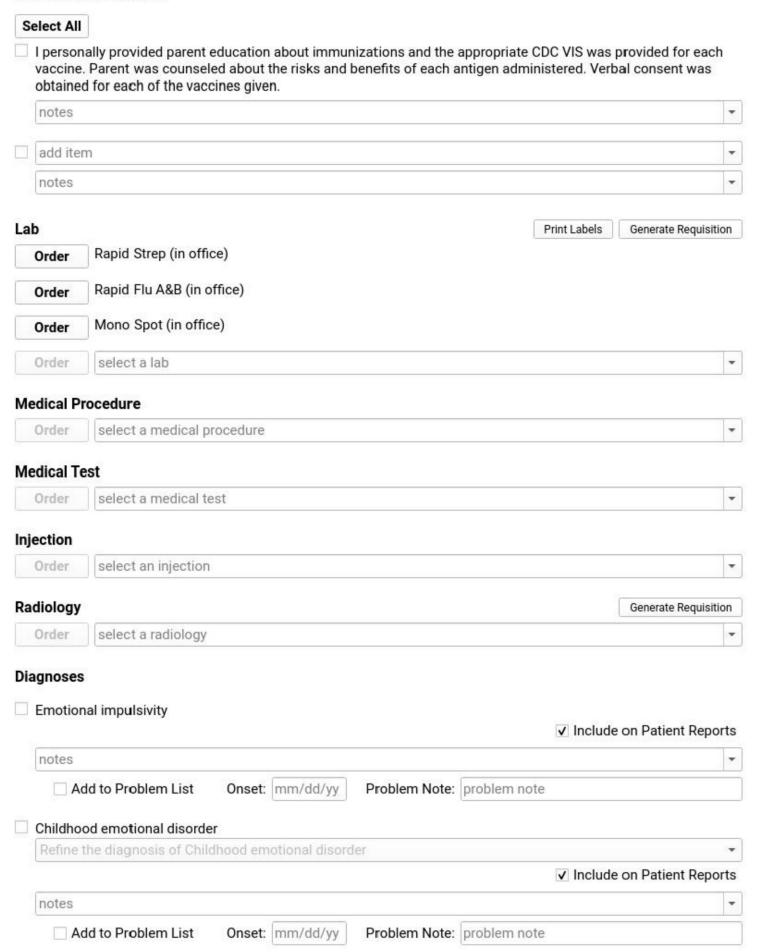
O O Endocrine

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select an immunization

#### Immunization Consent



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					✓ Include on Patien	t Reports
notes						•
	Add to Problem List	Onset: mm/dd/yy	Problem Note:	problem note		
Rehavi	or problem of childhoo	od and adolescence				
		avior problem of childho	ood and adolesce	ence		
					✓ Include on Patien	t Reports
notes						
	Add to Problem List	Onset: mm/dd/yy	Problem Note:	problem note		
	tud to 1100iciii Elot	onoca minutary)	T TO DICTIT TO CO.	probleminote		
	tive behavior disorder	F-92 - 711   174   175   175   175   175   175				
Refine	the diagnosis of Disr	uptive behavior disorder				*
					✓ Include on Patien	t Reports
notes						*
	Add to Problem List	Onset: mm/dd/yy	Problem Note:	problem note		
		92				
coloct	diagnosis					*
Select	diagnosis					
notes Plan Note						~
notes						-
notes Plan Note	es .					
notes  Plan Note  Forms  select a forms	es orm					-
notes Plan Note	orm					
notes  Plan Note  Forms  select a forms	orm	oms are not improving				
notes  Plan Note  Forms  select a forms	orm					
Plan Note Forms Select a forms Collowup Order	orm Follow up if sympto	ks				
notes  Plan Note  Forms  Select a formit of the content of the con	orm  Follow up if sympto	ks				
orms select a formation order Order Order	Follow up in 2 weel	ks				
notes  Plan Note  Forms  Select a form  Order  Order  Order  Order  Order	Follow up if sympton Follow up in 2 weel Follow up in 1 mon Follow up in 2 mon	ks				
orms select a forder Order Order Order	Follow up if sympton Follow up in 2 weel Follow up in 1 mon Follow up in 2 mon	ks				

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## 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

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