



### Intake

Next Visit (Chart-wide) No Saved Notes

Edit

Next Visit Reason (Chart-wide) No Saved Notes

Edit

### Screening

- Brief Early Childhood Screening Assessment w/depression
- MDQ
- Medication Questionnaire
- MFQ: Parent Self-Report Long Version
- PSC (Pediatric Symptom Checklist) 35
- Visit Priorities with Chronic Conditions
- 

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

More

### Vital Notes



Empty input field with a dropdown arrow on the right.

**Growth Charts**

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

**Chief Complaint**

Empty input field with a dropdown arrow on the right.

**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**

Empty input field with a dropdown arrow on the right.

**Past, Social, Family History**

**Problem List (Chart-wide)**

Display: All Statuses

Edit

Status	Problem	Problem Note	Onset	Resolved

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

Edit

**Family Medical History (Chart-wide)**

Edit

Condition	Relationship	Note

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

Edit

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

Edit

**HPI**

Empty text input field.

**D2C ROS Psychiatric**Make All:  Yes  No  N/A

Yes No N/A

   Obsessive thoughts and compulsive behaviors    Repetitive or obsessive thoughts    Mood fluctuations    Feeling angry, aggressive    Feeling anxious, agitated, restless    Excessive restriction of eating    Excessive need to exercise    Binge eating behaviors 

Yes No N/A

   Purging behaviors after eating- vomiting or using laxatives    Lack of sleep- inability to fall asleep or stay asleep    Intense fears or phobias    Hallucinations; if yes: auditory or visual, nature, frequency    Thoughts of harm to others    Thoughts of hopelessness or despair



notes

Thoughts of self harm

notes

Trouble with socialization

notes

Yes No N/A

Peer pressure experiences

notes

Loss of family; separation; foster care

notes

Psychosis or loss of touch with reality

notes

History of family separation or divorce

notes

History of trauma, abuse or neglect

notes

History of psychiatric hospitalizations

notes

Family conflicts

notes

Family history of psychiatric illness

notes

Yes No N/A

Academic stress and pressure

notes

Experiences of bullying or racism

notes

Seeing a counselor/psychologist

notes

add item

notes



### 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
- Neurologic
- Psychiatric



add item

notes

**Physical Exam**

Make All: **ABN** **NL** **N/E**

ABN NL N/E

General Appearance

Head

Eyes

Ears

Nose

Oropharynx

Neck

Lungs

ABN NL N/E

Chest

Cardiovascular

Abdomen

Genitourinary

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

#### 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

Order

Refuse

select an immunization

#### 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



add item ▼

notes ▼

**Lab**

[Print Labels](#) [Generate Requisition](#)

select a lab ▼

**Medical Procedure**

select a medical procedure ▼

**Medical Test**

select a medical test ▼

**Injection**

select an injection ▼

**Radiology**

[Generate Requisition](#)

select a radiology ▼

**Diagnoses**

select diagnosis ▼

notes ▼

**Counseling**

**Plan Notes**

**Forms**

select a form ▼

**Followup**

Follow up if symptoms are not improving

Follow up in 1 month

Follow up in 2 months

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

[Empty search bar]

Visit Documents

**Navigational Anchors in D2C OCD**

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