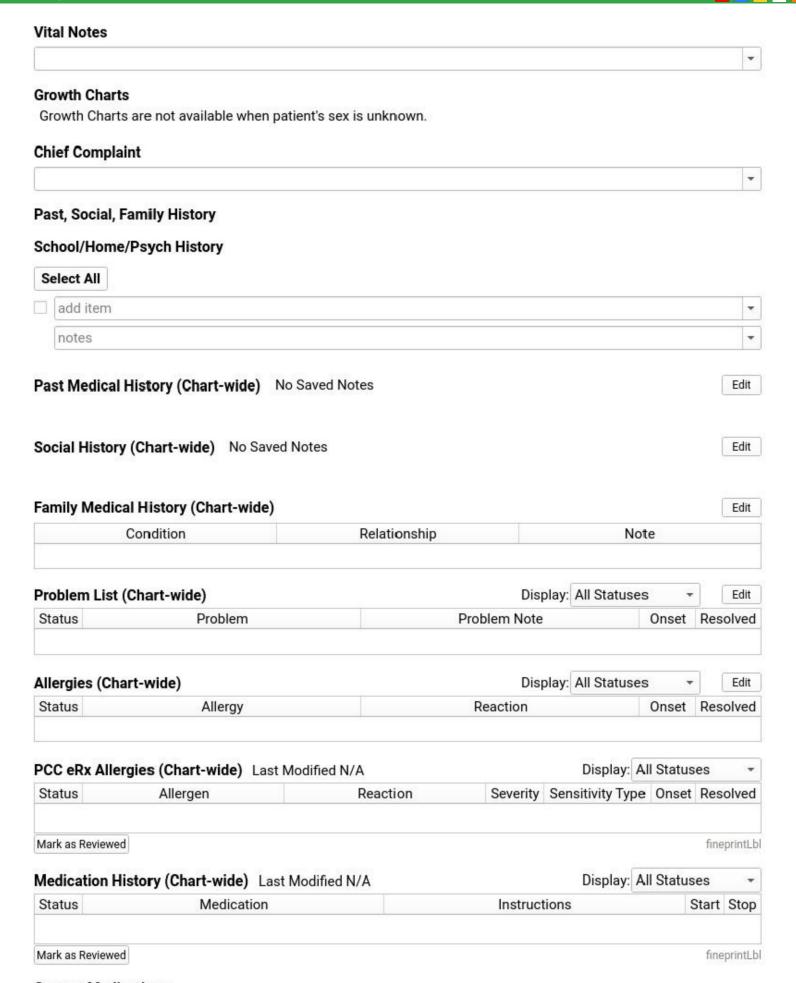
Intake

More

Next Visit (Chart-wide) No Saved Notes Edit **Next Visit Reason** Screening Potential Stressors Order PSC (Pediatric Symptom Checklist) 35 Order MFQ: Parent Self-Report Long Version Order MFQ:Child Self-Report Long Version Order SCARED: Child Report Order SCARED: Parent Report Order Brief Early Childhood Screening Assessment w/depression Order * Order select a screening Informant/Relationship Vitals Temperature °F Tympanic Ŧ Weight lbs οz Height in Length in BMI Pulse bpm **Blood Pressure** s/ d Unspecified Location Sitting Respiratory Rate bpm % O2 Saturation

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Current Medications

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				-
	nfi	den	tial Notes (Chart-wide) No Saved Notes	Edit
HPI				
D2C R	20:	S Po	sychiatric	,
		-		
Make	e A	dl:	Yes No N/A	
Yes N	25-000			
0 0)	0	Academic stress and pressure	
			notes	•
0 0	0	0	Repetitive or obsessive thoughts	
			notes	-
0 0)	0	Seeing a counselor/psychologist	
			notes	-
0 0)	0	Severe conduct issues	
			notes	•
0 0	0	0	Thoughts of harm to others	
			notes	*
0 0	5	0	Thoughts of hopelessness or despair	
			notes	•
0 0	0	Thoughts of self harm		
			notes	·
0 0)	0	Trouble with socialization	
			notes	•
Yes N	lo.	N/A		,
0 (0	Lack of sleep- inability to fall asleep or stay asleep	
			notes	•
0 0	0	0	Loss of family; separation; foster care	
			notes	*
0 0	5	0	Mood fluctuations	
			notes	-

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D2C PTSD/Trauma

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Changes in personality, mood or behavior

notes

Developmental regression

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		notes	•
es No		Characteristics of Seizures if yes; tonic/clonic/generalized/ focal	
		notes	
0 0	0	Concussion: acute; multiple; post-concussion syndrome	
		notes	
0 0	0	add item	,
		notes	,
Reviev Make Abn Ni	All:		
0 0	0	Allergic/Immunologic	
		notes	
0 0	0	Constitutional	
		notes	
0 0	0	Eyes	
		notes	
) (0	Ears, Nose, Mouth, Throat	
		notes	
0 0	0	Cardiovascular	
		notes	
0 0	0	Respiratory	
		notes	
) (0	Endocrine	
		notes	
0 0	0	Gastrointestinal	
		notes	
bn N			
) C	0	Genitourinary	
		notes	
00	0	Lymphatic	

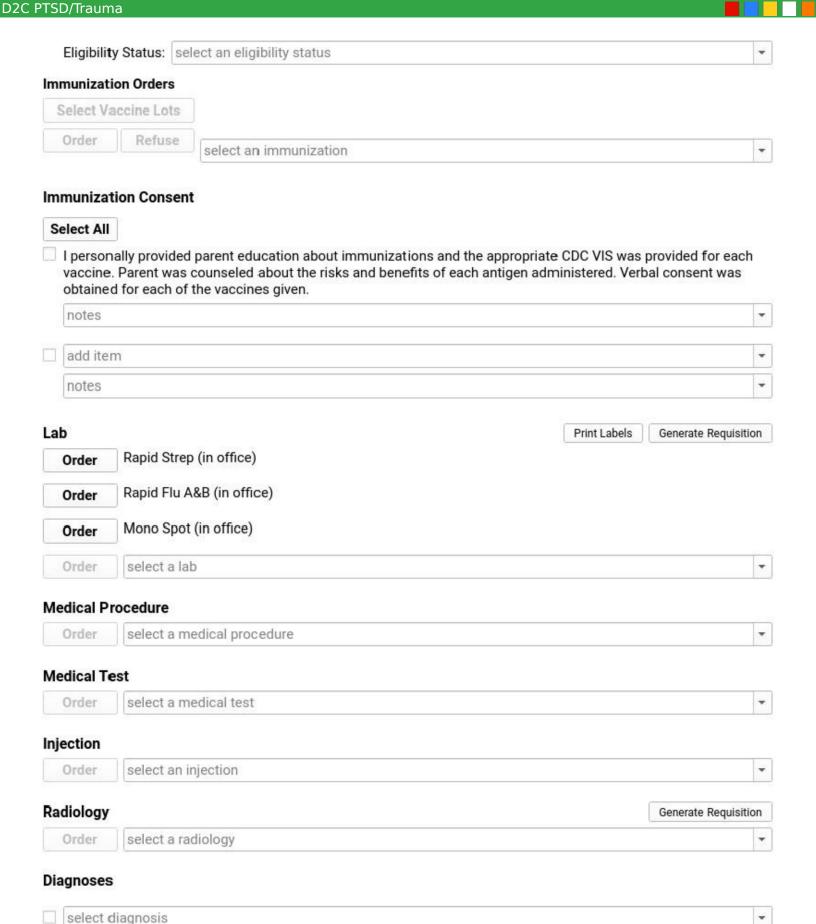
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			notes	*
0	0	0	Integumentary	
			notes	-
0	0	0	Musculoskeletal	
			notes	•
0	0	0	Neurologic	
			notes	-
0	0	0	Psychiatric	
			notes	-
0	0	0	add item	•
			notes	-
Phys Ma	sical ke A			
ABN	NL	N/E		
0	0	0	General Appearance	
			notes	•
0	0	0	Head	
			notes	*
\circ	0	0	Eyes	
			notes	-
0	0	0	Ears	
			notes	*
0	0	0	Nose	
			notes	•
0	0	0	Oropharynx	
			notes	-
0	0	0	Neck	
			notes	•
0	0	0	Lungs	
			notes	*

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▼ Vaccines For Children Insurance and Race as of 03/04/25

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Plan Notes

notes

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C.						
Counseling						
Forms						
select a forn	n					-
Followup						
Order	Follow up if symptoms are not improving					
Order	Return to office (list reason and time frame)					
Order	select a followup					-
Referral						
Order	select a referral					•
Care Plan (C	Chart-wide)	Print	Display:	All Statuses	•	Edit
No Interven			0. 172			

Visit Documents

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