

TM-ADD/ADHD RECHECK (100242)

Category: Neurologic

Scheduled appt type: _____

CC Working diagnosis:
HPI Current medication list reviewed with patient/family
freeform ROS _____

Structured ROS

Denies: not sleeping well	<input type="checkbox"/>
Denies: palpitations	<input type="checkbox"/>
Denies: chest pain	<input type="checkbox"/>
Denies: diffused abdominal pain	<input type="checkbox"/>
Pert: decreased appetite	<input type="checkbox"/>
Denies: rashes or dry skin	<input type="checkbox"/>
Denies: tremors	<input type="checkbox"/>
Denies: numbness or tingling	<input type="checkbox"/>
Denies: headaches increasing in severity or frequency	<input type="checkbox"/>
Denies: Compulsive picking at skin or nose	<input type="checkbox"/>
Denies: Involuntary movement/tic	<input type="checkbox"/>
Pert: impulsivity	<input type="checkbox"/>
Pert: Irritability	<input type="checkbox"/>
Pert: Emotional lability	<input type="checkbox"/>
Pert: Flat affect/restriction of emotions	<input type="checkbox"/>
Pert: Improvement in ability to sustain attention	<input type="checkbox"/>
Pert: Decrease in disruptive behavior	<input type="checkbox"/>
Pert: Appears anxious	<input type="checkbox"/>
Pert: Decreased self-esteem	<input type="checkbox"/>
Pert: Oppositional behavior	<input type="checkbox"/>
Denies: Thoughts of harm to self or others	<input type="checkbox"/>
Reports: updated individual care plan	<input type="checkbox"/>
Reports: provided written care plan	<input type="checkbox"/>
Reports: assessed and identified barriers to achieving treatment goals	<input type="checkbox"/>
	<input type="checkbox"/>

Pert: provided additional support/referrals	_____
Reports: reviewed and updated medication list for OTC/herbal therapies	_____
Reports: provided information for prescriptions written	_____
Reports: assessed understanding of medications	_____
Reports: assessed barriers to medication adherence	_____
Reports: provided education resources for self-management	_____
Reports: discussed self-management goals/plans	_____
Reports: assessed self-management ability	_____
Reports: provided self-management tools to record self care	_____
Reports: counseled on importance of healthy lifestyle habits	_____
Reports: reviewed specialist care	_____

Structured exam

Pert: general appearance: alert, pleasant, not ill appearing, no distress	_____
Pert: conjunctivae & lids: pink & moist	, no pallor or icterus (asked patient/parent to pull down lower eyelids to assess sclera and conjunctiva which was observed via video connection)
Pert: respiratory effort: no retractions, no tachypnea	, also no audible grunting or other indication for increased work of breathing
Pert: extremities: no edema, brisk capillary refill	, with cooperation of patient/parent through video visualization of good perfusion with brisk capillary refill confirmed (asking patient/parent to demonstrate)
Pert: inspection (includes subcutaneous tissue): no rash	, no rash, no petechiae or bruising, marks related to self harm/picking
Pert: age appropriate social/language interaction	_____
Pert: mood & affect	_____

Remaining template documentation elements

Counseling:	_____
Coordination of Care:	_____
Diagnosis:	Attn-defct hyperactivity disorder, predom inattentive type(F90.0)
Assessment:	_____
	History reviewed and exam with limitations acknowledged due to nature of virtual visit through a synchronous

Plan:	telecommunications system Spent the following minutes virtual face-to-face with patient/parent(s) discussing current progress and plan of care: Total time of virtual visit: If indicated/provided, discussed results of completed and scored validated Conners/Vanderbilt surveys with patient/family Reviewed with patient/family diagnosis, medication regimen and medication side effects Reviewed implications of medicine on growth and blood pressure. Current growth chart and BP reviewed with patient/family. Assessed patient/family preferences, readiness to change and self- management abilities Target outcomes including improved/optimal school performance, improved social functioning and behavior in multiple settings outlined and discussed with family Additional patient-specific target goals outlined if applicable: Potential barriers to compliance with prescribed medication regimen discussed and strategies reviewed (include extra medication to be kept at school nurse's office if applicable) Behavioral therapy/IEP if indicated Appropriate prescriptions written Discussed under what circumstances a face-to-face office visit would be appropriate F/U in office or Telehealth visit:
Patient Instructions:	

Remaining workflow elements

Procedures

Orders

