

# Pediatric Chart Transition Form for EMR Implementation

Patient Name: \_\_\_\_\_ (Last name, First name)    DOB \_\_\_/\_\_\_/\_\_\_    Sex \_\_\_    Chart# \_\_\_\_\_

Permanent Problem list	Date Onset	Chronic Meds/Dose/#	Start			
			Date	Refills		
1						
2						
3						
4						
5						
6						
7						
8						

Pregnancy					Birth History				
Para	Abortions	Still births	Premature	Live Births	Gestation	APGAR	Birth Wt	Head Circ	Length
Prenatal Care					Delivery type	Duration Labor	Where delivered		
Illnesses					Complications				
Complications					Resuscitation measures				
Type & RH	Serology	Medications			Status at Birth – first cry/respirations				

Newborn History (0-28 days)				Development			
Hearing Screen	Infant Metabolic Screen	Type Feeding	Raised head	Roll over	Sat alone	Pulls up	Walk w/wo help
Feeding Difficulties	Hours/Days in Hospital	Urination	Talks words/sentences		Toilet Training- Bladder/bowel		
Meconium 1 <sup>st</sup> passed /stool pattern/characteristics		Other	Sexual Development		Other		

# Pediatric Chart Transition Form for EMR Implementation

<b>Nutrition</b>	Breast – Frequency/time on breast/problems/ Age weaned	Formula- Type/amount/ Frequency/problems/ Formula changes	Enteral or Parenteral feeds Type/amount/frequency/ Formula changes	Solid Foods- introduced/ Current diet- typical/ Likes/dislikes
------------------	---	---	--	--

<b>Hospitalizations : Reason / Dates</b>	<b>Past Surgical History: Procedure /Date</b>
--	---

<b>Psychosocial History</b>				<b>Adolescents &amp; Tweens</b>
Ethnic Culture	# of siblings	Home Health Care	Behavior Problems	Sexual Activity
Living accommodations	Parents' occupations	Safety (ex. car seats, guns)	Class in school/grades	Recreational Drugs
Lives with	Child Care arrangements	Exercise	# of days missed x school In last year	Contraception
Sleeping Arrangements	# hours sleep/night/naps	Hobbies/Sports	Family Violence	Smoking/ETOH

**Allergies: Drugs/Foods/Environmental**

<b>Family History (who/age)</b>		
Miscarriages	Alcoholism	Hypertension
Stillbirths/childhood deaths/premature births	Developmental Delay/Learning Disabilities	Psychiatric illness (type)
Birth Defects	Diabetes- Juvenile/Adult	Delayed or early puberty/other hormone problem
Seizures	Allergies/atopic dermatitis	Cancer/tumors
Bleeding disorders/anemia	Recurrent Infection/HIV	Muscular Dystrophy, movement disorders, deteriorating conditions
Pyloric Stenosis/ulcers/polyps	Asthma /Cystic Fibrosis	Bone deformities/orthopedic problem
Cardiac Problems/defects	Obesity	Migraines/headaches





---

**Microbiology, X-ray and other Path Reports**

Date	Test	Result	Date	Test	Result

**Consultations**

Date	Specialty	Report/Findings/Recommendations

**Advance Directives**

---

---

