<table>
<thead>
<tr>
<th>ENCOUNTERTER SITUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reason for visit</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Chief Complaint/Symptoms/Vital Signs</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Parent/Patient Concerns</strong></td>
</tr>
<tr>
<td></td>
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<tr>
<td><strong>Parent/Patient Agenda</strong></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Paste any images to accompany chart here:
## DEMOGRAPHICS:

<table>
<thead>
<tr>
<th>PATIENT: LastName:</th>
<th>Firstname:</th>
<th>CHART#:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender:</td>
<td>Parent Employer:</td>
<td>Insurance:</td>
</tr>
<tr>
<td>Race:</td>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Ethnicity:</td>
<td>Phone:</td>
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<tr>
<td>Preferred Language:</td>
<td></td>
<td></td>
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<tr>
<td>DOB:</td>
<td>Age:</td>
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</tbody>
</table>

## SUMMARY DATA

**Active Problems/Chronic Diseases** *(include ICD-9)*

- **Stable**

- **Unstable**

**Resolved Problems**

**Interventions**  Major studies or tests, for example most recent MRI, Endoscopy, echocardiogram with a comment on results; include Infant Metabolic Screen & Hearing Screen x Newborn

**Medications**  Include dosage, SIG, Dx

- **Prescriptions:**

- **OTC/Non-prescription:**

- **CAM/Supplements:**

- **Potential Medication Interactions:**

**Surgeries**  include date

**Allergies**  Medications, environmental and food

**Mother’s Pregnancy, Perinatal, & Neonatal History**  – when indicated, including first visit
Case Development Form -- Child

for a newborn

Mother’s Pregnancy History:
   # of pregnancies, live births, abortions, miscarriages, etc
   Illnesses during pregnancy
   Prenatal care
   Medications
   Group B Strep status
   Rh status
   Other

Perinatal:
   Where delivered
   Type of delivery
   Duration of labor
   Complications
   Type of anesthesia
   Status at birth
   Resuscitation
   Other

Newborn:
   APGAR scores
   Birth wt/length, Head circumference
   Problems in hospital
   Hearing Screen, Infant Metabolic Screen
   Prophylaxis
   Hepatitis B shot
   Length of time in hospital
   Other

Pertinent Past Medical History
May need to include: Developmental History, Course of Chronic Illnesses & Hospitalizations

Social History (including but not limited to)
Alcohol, Tobacoo, or Recreational Drug use
Cultural Background
Home Environment
   Mother’s occupation
   Father’s occupation
   Home (type, living conditions, sleeping facilities)
   Who cares x patient when mother works
Habits
Behavior Issues
School
   Grade
   How is student doing in school? (ex. A,B,C’s)
Activity/Exercise
Economic Status/Employment
Occupational Hazards
Advanced Directives

Family History Identify pertinent conditions, relationship to patient, age at onset, living/dead
There is a family history of (i.e. Cancer, Hypertension & in particular related to patient’s illness…)

### Vital Signs Flow Sheet

<table>
<thead>
<tr>
<th>Date</th>
<th>Ht</th>
<th>Ht%</th>
<th>Wt</th>
<th>Wt %</th>
<th>Head Circum</th>
<th>Head Circum%</th>
<th>Wt/Ht %</th>
<th>BMI</th>
<th>Temp</th>
<th>BP</th>
<th>Pulse</th>
<th>RR</th>
<th>O₂ Sat</th>
</tr>
</thead>
</table>

### Lab Flow Sheet  (Track pertinent labs for chosen disease, i.e. HbA1c for diabetes)

<table>
<thead>
<tr>
<th>Test</th>
<th>Date</th>
</tr>
</thead>
</table>

### Immunization Flow Sheet

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td></td>
</tr>
<tr>
<td>Rotavirus</td>
<td></td>
</tr>
<tr>
<td>Diphtheria, Tetanus, Pertussis</td>
<td></td>
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</tbody>
</table>
### Case Development Form -- Child

<table>
<thead>
<tr>
<th>Haemophilus influenzae type B</th>
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</thead>
<tbody>
<tr>
<td>Pneumococcal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactivated Poliovirus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td></td>
<td></td>
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<tr>
<td>Measles, Mump, Rubella</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal</td>
<td></td>
<td></td>
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<tr>
<td>Human Papillomavirus</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Test</th>
<th>Result</th>
<th>Date</th>
<th>Test</th>
<th>Result</th>
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</thead>
<tbody>
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### Encounter Notes from Previous Visits (Type in)

### Encounter Note- Child

<table>
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<tr>
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<th>Chart#:</th>
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<tbody>
<tr>
<td>Date of Visit:</td>
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</table>

**SUBJECTIVE**
### Case Development Form -- Child

**Chief Concern or Reason for Visit:**
- Interval History - problems, illnesses, hospitalizations, etc.
- Dietary History – age appropriate
- Elimination History - age appropriate
- Development – gross & fine motor skills, speech, socialization
- New Allergies
- Immunizations – up to date? Prior reactions, parental concerns
- Family history – update
- Personal History – update (relations with other children, fears, concerns)
- Social History - update
- Habits – such as recreation, behavior concerns, safety, family health habits (include Dental), sleep
- Review of systems (pertinent)

### OBJECTIVE

**Vital Signs**

**Physical Exam (pertinent)**
- General
- HEENT
- Chest
- Cardiovascular
- Abdomen
- GU
- Musculoskeletal
- Neurological
- Dermatologic
- Psych
- Functional Assessment

**Laboratory**

**Diagnostic study results**

**Assessments** *(Include your thought process)*

- Well Child
- Acute Problems
- Chronic Diseases
- Health Maintenance

**Plan** Comment on each assessment; include Anticipatory Guidance Given

**Medications**

**Follow Up**

### Encounter Note - Child

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<th>Chart#:</th>
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## Case Development Form -- Child

Date of Visit:  

### SUBJECTIVE

- **Chief Concern or Reason for Visit:**  
- **Interval History:** problems, illnesses, hospitalizations, etc.  
- **Dietary History:** age appropriate  
- **Elimination History:** age appropriate  
- **Development:** gross & fine motor skills, speech, socialization  
- **New Allergies:**  
- **Immunizations:** up to date? Prior reactions, parental concerns  
- **Family history:** update  
- **Personal History:** update (relations with other children, fears, concerns)  
- **Social History:** update  
- **Habits:** such as recreation, behavior concerns, safety, family health habits (include Dental), sleep  
- **Review of systems:** pertinent

### OBJECTIVE

**Vital Signs**  

**Physical Exam (pertinent)**  
- General  
- HEENT  
- Chest  
- Cardiovascular  
- Abdomen  
- GU  
- Musculoskeletal  
- Neurological  
- Dermatologic  
- Psych  
- Functional Assessment

**Laboratory**  

**Diagnostic study results**  

### Assessments (Include your thought process)

- **Well Child**  
- **Acute Problems**  
- **Chronic Diseases**  
- **Health Maintenance**

### Plan

Comment on each assessment; include Anticipatory Guidance Given

### Medications

### Follow Up
**Case Development Form -- Child**

## Encounter Note - Child

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### SUBJECTIVE

- **Chief Concern or Reason for Visit:**
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- Family history: update
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- Social History: update
- Habits: such as recreation, behavior concerns, safety, family health habits (include Dental, sleep)
- Review of systems (pertinent)

### OBJECTIVE

#### Vital Signs

- **Physical Exam (pertinent)**
  - General
  - HEENT
  - Chest
  - Cardiovascular
  - Abdomen
  - GU
  - Musculoskeletal
  - Neurological
  - Dermatologic
  - Psych
  - Functional Assessment

#### Laboratory

- **Diagnostic study results**

#### Assessments (Include your thought process)

- Well Child
- Acute Problems
- Chronic Diseases
- Health Maintenance

#### Plan

Comment on each assessment; include Anticipatory Guidance Given

#### Medications

#### Follow Up