

Case Development Form -- Child

Patient Name: _____ Age____ Sex____ Chart#_____

ENCOUNTER SITUATION

Reason for visit

Chief Complaint/Symptoms/Vital Signs

Parent/Patient Concerns

Parent/Patient Agenda

Paste any images to accompany chart here:

MEDICAL RECORD**Demographics:**

PATIENT: LastName:	Firstname:	CHART#:
Gender:	Parent Employer:	Insurance:
Race:	Address:	
Ethnicity:	Phone:	
Preferred Language:		
DOB:	Age:	

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

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, Tobacco, 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

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Haemophilus influenzae type B								
Pneumococcal								
Inactivated Poliovirus								
Influenza								
Measles, Mump, Rubella								
Varicella								
Hepatitis A								
Meningococcal								
Human Papillomavirus								

Microbiology, X-ray and other Path Reports

Date	Test	Result	Date	Test	Result

Encounter Notes from Previous Visits (Type in)

Encounter Note- Child

Patient:	Chart#:
Date of Visit:	
SUBJECTIVE	

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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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