Patient Sticker

Mary L Johnson Developmental Consultation Program
Dictation Sheet
Yellow highlighted fields: Complete for database and give dictation sheet to Clinic Coordinator
Clinic code 223/ Dictation type 13=Letter to referring physician

Primary Care Provider:
Primary Care Provider Address:
Cc: Parents by name and address
Cc: Others: _____

Dear Dr. _____:
Thank you for referring your patient _____ to the Mary L. Johnson Developmental and Behavioral Pediatrics Program at Lucile Packard Children's Hospital. _____ is a_____ old boy/girl. S/he came to the Developmental Consultation Program with (circle all appropriate)
Mother_____ Father_____ Guardian _____ Siblings _____
☐ Other family members _____
☐ Community service providers_____
☐ An Interpreter Yes /No _____provided translation from English to Language _____.
☐ The family gave permission for student/resident _____to observe the visit.
(If applicable: The visit was conducted as an interdisciplinary evaluation by _____, licensed clinical psychologist, _____, developmental-behavioral pediatrician, and _____, pediatric resident. Additional team members included _____ (MSW, sp/language pathologist, etc). This letter summarizes current concerns and medical history. Please see the integrated letter by Dr. _____for details of the psychological testing and full impressions and recommendations.

CHIEF CONCERNS
The purpose of this consultation was to
☐ Understand the nature and cause of this child's delays in development/ differences in behavior
☐ Determine the diagnosis of this child's pattern of development and behavior
☐ Make recommendations to help improve this child's functioning.
☐ Other _____

TARGET PROBLEMS
The child's main problems are as follows:
_____**which has been present since age** _____**.**
_____**which has been present since age** _____**.**
_____**which has been present since age** _____**.**

HISTORY OF THE CONCERNS
(Indicate nature of problems, associated signs and symptoms, course over time, previous treatments, and their outcomes)

CURRENT FUNCTIONING (find parent comments in questionnaire)
Strengths include: _____

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Other issues: _____

PAST MEDICAL HISTORY
Birth history:
Previous hospitalizations / operations / serious accidents:

MEDICATIONS
Current medications: _____
Medication history: _____
Allergies: _____

FAMILY & SOCIAL HISTORY: (If social worker provided assessment – note that psychosocial assessment and support services were provided and by whom. Sensitive information should not be included in dictated report)
_____lives with _____. S/he spends days with _____.
_____'s mother is ____ years old, achieved an educational level of _____and works as a _____.
_____'s father is ____ years old, achieved an educational level of _____and works as a _____.
Sibling are _____years of age.

Important social issues at the present time include _____
_____
National origin, race/ethnicity of parents (obtain from the Developmental Questionnaire)_____
CPS involvement or history of abuse _____
The family history is pertinent for the following conditions:

REVIEW OF SYSTEMS
A 14-system review was conducted; pertinent positive and negative findings are as follows:

Constitutional	GU
Nervous system: seizures	MS
Eyes	Hematologic
Ears, nose, throat	Skin
Heart	Endocrine (growth)
Lungs	Psychiatric (behavior)
GI	Allergies
Feeding/eating/nutrition	Sleep/snoring

(after pertinent positives and negatives) The rest of the review was negative.

DEVELOPMENTAL HISTORY
(Note any important details not included in the History of Present Concerns)

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PRESCHOOL AND SCHOOL HISTORY
(If Psychologist is involved, s/he will report this)

PREVIOUS EVALUATIONS AND SERVICE HISTORY
(If Psychologist is involved, s/he will report this)

PHYSICAL EXAMINATION
(Personalize the general appearance with specific features of the child, such as hair or eye color, and general demeanor, such as happy, cooperative, fearful, quiet.)

General appearance				
Behavior	Verbal? ☐ Yes ☐ No Social? ☐ Yes ☐ No Overactive? ☐ Yes ☐ No Impulsive? ☐ Yes ☐ No Other? _____			
Height	cm	%tile	Following curve	☐ Yes ☐ No
Weight	kg	%tile	Following curve	☐ Yes ☐ No
Weight for Height		%tile	Following curve	☐ Yes ☐ No
Head circumference	cm	%tile	Following curve	☐ Yes ☐ No
Pertinent findings				
Dysmorphic features				
Head	Normocephalic	☐ Yes ☐ No		
Respiratory	Lungs Clear	☐ Yes ☐ No		
Cardiovascular	RRR	☐ Yes ☐ No	Murmurs	☐ Yes ☐ No
Gastrointestinal	Soft/NT	☐ Yes ☐ No	Organomegaly	☐ Yes ☐ No
Musculoskeletal	Full ROM of joints	☐ Yes ☐ No		
Back	Straight	☐ Yes ☐ No		
GU	Normal Male / Female	☐ Yes ☐ No		

NEUROLOGICAL ASSESSMENT

		Normal	Abnormal	Abnormal findings
Cranial nerves	PERRL			
	EOM			
	Facial symmetry			
	Shoulder symmetry			
	Tongue midline			
Reflexes (0-4)	Biceps L ___ R ___ Knee L ___ R ____ Ankle L ___ R ____			
	Clonus			Present R____ L ____
Tone	Upper extremities			
Strength	Upper extremities			
	Lower extremities			

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Gait	Walking			
Cerebellar signs	Finger to nose			
	Tremors			
Other findings	Excitability			Tremors _____ Clonic movements _____
	Involuntary movements			Upper extremities ___ Lower extremities ____

DEVELOPMENTAL ASSESSMENT

_____administered the Capute Scales. This developmental measure has two scales: the Cognitive Adaptive Test (CAT) and the Clinical Linguistic & Auditory Milestone Scale (CLAMS). The Capute Scales assess the visual-motor cognition and language streams of development in children 0-36 months. A Developmental Quotient (DQ) is calculated from the age-equivalent at which a child is functioning in a stream of development divided by the chronological age (or adjusted age) of the child. A child is developing typically if the DQs for both CAT and CLAMS are >85, indicating that Full Scale DQ is >85. The scores on today's assessment should not be used as a predictor of later academic achievement or potential.

Capute Scales Assessment

	Age Equivalent	Chronological Age DQ
Language Auditory (CLAMS)		
Cognitive Adaptive Test (CAT)		
Full Scale Capute		

Additional Psychological/Behavioral Assessments

Bayley Motor	
CBCL	
Vanderbilt Questionnaires	
MCHAT	
Other	

Today's Developmental Assessment findings indicate:

ASSESSORS (Initials of team providers involved in visit. Insert paragraphs in the dictation from the relevant examinations.)

SLP_____	Psychology_____	SW_____	OT_____	PT_____	RD_____

IMPRESSIONS

Summary of Findings

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Diagnosis: (list all diagnosis made by psych and MD)		Differential Diagnosis: (list all diagnosis made by psych and MD)	
Development	Normal development (>85)	Borderline Development (1-2 SD below mean, 70-84)	Deficient Development (>2 SD below mean, <70)

☐ appears eligible for Early Start (<3 yrs), by developmental delay category:	Developmental Delay ☐ 33% delayed in one area ☐ 25% delayed in 2 areas ☐ DQ < 70	5 Developmental Domains: ☐ Physical (vision, hearing, motor) ☐ Adaptive development (self-help, eating, toileting, dressing) ☐ Social/emotional development ☐ Communication development ☐ Cognitive development
☐ appears eligible for Special Education Services with School District (>3 yrs)	☐ mental retardation ☐ speech and language impairment ☐ traumatic brain injury ☐ multiply handicapped ☐ autism	☐ serious emotional disturbed ☐ orthopedic impairment ☐ other health impaired ☐ specific learning disability ☐ visually impaired

RECOMMENDATIONS

Provide general recommendation in simple terms:

Refer to Early Start	Agency:			
Refer to Regional Ctr	Agency:			
Refer to Private Services	PT	OT	SLP	Other
Refer for Special Education	School district:			

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Other referrals	
Handouts provided:	
Counseling provided concerning:	
Lab tests requested	Note: Specialized genetic tests may take 4-8 weeks to complete. Clinic will f/u with the family re: results
Imaging studies requested	CT _____ MRI _____
Other:	
Next appointment	☐ Return to clinic _____ ☐ Consult Complete

DICTATION AND BILLING

Dictation Job #: _____ Dictation Date: _____

Time spent in visit: _____ minutes. Time spent in counseling and care coordination: _____ minutes

Billing codes:

CONSULT (provider question)	99205 (60 min)	99204 (45 min)
NEW (not seen by DB in 3 years)	99245 (80 min)	99244 (60 min)
ESTABLISHED	99215 (40 min)	99214 (25 min)
Developmental Evaluation	96111	

cc: ☐ family _____ ☐ agency_____