

Mary L Johnson High Risk Infant Follow-up Program Dictation Sheet
Complete yellow highlighted fields for database.
Give dictation sheet to Coordinator.
Clinic code 223, Dictation type usually 13, letter to primary care MD

Primary Care Provider _____

IDENTIFICATION _____ is a boy/girl who is now _____ months chronological age, _____ months adjusted for prematurity who came to the Lucile Packard Children's Hospital High Risk Infant Follow-up Program with (circle all appropriate) Mother, Father, Guardian _____, Siblings _____,
 _____ was evaluated with Attending Physician: _____
 Other family members _____
 Community service providers _____
 Interpreter Yes /No _____
 The family gave permission for student/resident _____ to participate in the visit.

PARENT CONCERNS

HRIF RISK FACTORS (List) GA _____ Birth weight _____ Other factors : _____

INTERVAL HISTORY: SINCE DISCHARGE _____ **OR LAST CLINIC VISIT ON:** _____
 Other Medical Specialties:
 Illnesses:
 Medications:

Rehospitalizations
 Pulmonary GI Cardiac Neurological Other

Vision follow up: _____ **Hearing Follow:** _____
 Vision impaired Blindness present Hearing Impairment Deafness

Current Intervention CHECK ALL THAT APPLY

| Intervention | Intervention | Intervention |
|----------------------|-----------------------|-----------------|
| Early Start | Speech Therapy | No Intervention |
| Occupational Therapy | Medical Therapy Unit | Other: _____ |
| Physical Therapy | Home Visit Evaluation | |

Agencies involved:
 Frequency of service:

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Copy report to Agency provider to collaborate care? Yes no

SOCIAL HISTORY Social work note available? Yes No (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)

The child lives with _____.

The child spends his/her days at home with his parents, in day care, with family members or nanny, other ____.

Education level of Primary Caregiver _____

FAMILY HISTORY (Developmental, emotional, behavioral, or other relevant disorders within the family)

REVIEW OF SYSTEMS

| | |
|--------------------------|--|
| Constitutional | GI |
| Nervous system: seizures | GU |
| Eyes | MS |
| Ears, nose, throat | Endocrine: growth |
| Heart | Psychiatric: behavior |
| Lungs | <input type="checkbox"/> Allergies reviewed? |
| Feeding problems? Y/N | Diet appropriate for age? Y/N |
| Sleep problems? | Snoring? Y/N |

| PHYSICAL EXAMINATION | | General appearance: | | | |
|-------------------------|---|------------------------------|-----------------------------|------------------------------------|--|
| Height | cm | %tile | Following curve | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Weight | kg | %tile | Following curve | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Weight for Height | | %tile | Following curve | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Head circumference | cm | %tile | Following curve | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pertinent findings: | | | | | |
| Head | Fontanel open? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sutures normal? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Respiratory | Lungs Clear | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Cardiovascular | RRR <input type="checkbox"/> Yes <input type="checkbox"/> | | | Murmurs | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Gastrointestinal | Soft/NT <input type="checkbox"/> Yes <input type="checkbox"/> | | | Organomegaly | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other findings | | | | | |
| NEUROLOGICAL ASSESSMENT | | Normal | Abnormal | Abnormal findings | |
| Cranial nerves | | | | | |
| Active tone | Head control | | | Head lag | |
| | Sitting | | | Falls back ____ Falls forward ____ | |
| | Standing | | | Scissoring | |
| | Use of upper extremities | | | | |
| Passive tone | Use of lower limbs | | | | |
| | Walking | | | Non-fluent gait | |
| | Cortical thumbs/fisting | | | R ____ L ____ | |
| | Upper limbs | | | Abnormal scarf sign__ side R / L | |

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| | | | | |
|----------------|-----------------------|--|--|---|
| | Lower limbs | | | Abnormal angles: adductor _____ Heel-ear _____ Popliteal _____ |
| | Primitive reflexes | | | Present: Moro _____ ATNR _____ |
| Reflexes | DTR | | | Ratings (0-+4) Biceps _____, Knee _____ Ankle _____ |
| | Clonus | | | Present R _____ L _____ |
| | Protective reflexes | | | Abnormal propping R _____ L _____ Abnormal parachute: Absent _____ |
| Symmetry | Arms/ Legs/ Axis | | | Asymmetry |
| Other findings | Excitability | | | Tremors _____ Clonic movements _____ |
| | Involuntary movements | | | Upper extremities _____ Lower extremities _____ |

DEVELOPMENTAL ASSESSMENT

_____ administered the **Capute Scales**. This developmental measure is comprised of 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 birth to 36 months of age. The 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 in both the CAT and the CLAMS are greater than 85, and thus the Full Scale DQ is also greater than 85. **The scores on today's assessment should not be used as a predictor of later academic achievement or potential.**

| | Age Equivalent | Adjusted Age DQ | Chronological Age DQ | Results suggest |
|---------------------------|----------------|-----------------|----------------------|-----------------|
| Language Auditory (CLAMS) | | | | |
| Cognitive Adaptive (CAT) | | | | |
| Full Scale Capute | | | | |

OTHER ASSESSMENTS Initials of team providers involved in visit. **Insert paragraphs in the dictation from 1-5**

| | | | | | | |
|--------------------|---------------|-------|-------|-------|-------|-------|
| 1. Speech/language | 2. Psychology | 3. RD | 4. OT | 5. PT | 6. SW | other |
|--------------------|---------------|-------|-------|-------|-------|-------|

IMPRESSIONS

| | | | | |
|-----------------------------|---|-----------------------------------|---|--|
| Summary | | | | |
| Growth | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | Nutrition Consult _____ | |
| Neuro exam | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | <input type="checkbox"/> Suspicious _____ | Findings _____ |
| Has CP? | If Yes , Impairment: <input type="checkbox"/> Diplegia <input type="checkbox"/> Hemiplegia <input type="checkbox"/> Quadriplegia <input type="checkbox"/> Monoplegia <input type="checkbox"/> Other _____ | | | |
| | If No, Muscle tone: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal | | | |
| | If Muscle tone is abnormal: <input type="checkbox"/> Hypotonia <input type="checkbox"/> Hypertonia <input type="checkbox"/> Both | | | |
| Development | <input type="checkbox"/> Both Capute Scales OK for CA | | <input type="checkbox"/> CAT OK for CA | <input type="checkbox"/> CLAMS OK for CA |
| | <input type="checkbox"/> Both Capute Scales OK for AA | | <input type="checkbox"/> CAT OK for AA | <input type="checkbox"/> CLAMS OK for AA |
| Developmental Status | Normal >85 | Borderline 70-84 | Deficient <70 | Unable to Assess |
| Cognitive Function (CAT) | | | | |
| Motor Development | | | | |
| a. Fine Motor | | | | |
| b. Gross motor | | | | |

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| | | | | |
|--|---|--|--|--|
| Language Development (CLAMS) | | | | |
| Overall clinical appraisal of cognitive functioning: | | | | |
| <input type="checkbox"/> Normal <input type="checkbox"/> Suspect <input type="checkbox"/> Impaired <input type="checkbox"/> Unable to assess | | | | |
| Refer for California Early Start Early Intervention Program based on the following category and criteria: | | | | |
| <input type="checkbox"/> Appears Eligible For Early Start By Developmental Delay category: | Developmental Delay <input type="checkbox"/> 33% delayed in one area <input type="checkbox"/> 25% delayed in 2 areas <input type="checkbox"/> DQ < 70 | | Categories for DD in 1 of 5 Areas: <input type="checkbox"/> Physical (vision, hearing, motor) <input type="checkbox"/> Adaptive development (self-help, eating, toileting, dressing) <input type="checkbox"/> Social/emotional development <input type="checkbox"/> Communication development <input type="checkbox"/> Cognitive development | |
| | <input type="checkbox"/> Appears eligible Early Start by 2 High Risk Factor & need | <input type="checkbox"/> Appears Eligible for Early Start by Known Risk (genetic syndromes and other conditions associated With DD) | <input type="checkbox"/> Appears eligible for Early Start d/t hearing or vision loss, or orthopedic disabilities | |

| |
|---|
| Refer to California Children's Services-Medical Therapy Unit based on following category and criteria: |
| RECOMMENDATIONS |

| | |
|---|--|
| AT RISK for CP with 2 neurological findings below: | DIAGNOSED with CP by the following type below: |
| <input type="checkbox"/> Hypotonicity + normal/ increased DTRs in infants <1 y. Infants > 1 year must also have persistent primitive reflexes | <input type="checkbox"/> rigidity/ spasticity |
| <input type="checkbox"/> Exaggerations of or persistence of primitive reflexes beyond the normal age corrected for prematurity | <input type="checkbox"/> hypotonia with normal or increased DTRs and persistent primitive reflexes |
| <input type="checkbox"/> Increased deep tendon reflexes (DTRs) | <input type="checkbox"/> ataxia (incoordination, dysdiadochokinesis; intention tremor; shaking head; staggering, broad based gait) |
| <input type="checkbox"/> Abnormal posturing | <input type="checkbox"/> involuntary movements (athetoid, choreoid, or dystonic) |
| <input type="checkbox"/> Asymmetry of neurologic motor findings of trunk and /or extremities | |
| <input type="checkbox"/> Increased tone in children < 3 years of age (and who are not diagnosed with CP) => refer as a criteria for at risk | |

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|-----------------------------|---|----|-----|-------|
| Refer to Early Start | Agency: | | | |
| Refer to CCS MTU | | | | |
| Refer to Private Services | PT | OT | SLP | Other |
| Refer for Special Education | School district: | | | |
| Other referrals | <input type="checkbox"/> Audiology LPCH or Other _____ <input type="checkbox"/> Ophthalmology LPCH or Other _____ <input type="checkbox"/> Neurology <input type="checkbox"/> Gastroenterology | | | |
| Handouts provided: | <input type="checkbox"/> Age Appropriate anticipatory guidance <input type="checkbox"/> Issue specific guidance for _____ | | | |
| Counseling regarding: | | | | |
| Lab tests requested | | | | |
| Imaging studies requested | CT _____ MRI _____ | | | |
| Other: | <input type="checkbox"/> Return to clinic _____ <input type="checkbox"/> Graduate | | | |

Signature: _____ Date: _____ Dictation Job #: _____

cc: family _____ agency _____

| |
|--|
| BILLING code by time: 99213 (15m), 99214 (25m), 99215 (40m) V= ___ min. Counseling and care coordination = ___ |
|--|