GARDNER
Packard Children's Health Center

CLINIC VISITS • ACUTE CARE VISIT ENCOUNTER

Medical Record Number

Patient Name

Addressograph or Label

Date of Encounter: **Language:** _____ ❑ Interpreter ❑ Provider speaks language

CHIEF COMPLAINT:

HISTORY OF PRESENT ILLNESS:

Wt: _____ **kg (** **%ile)**
Ht: _____ **cm (** **%ile)**
OFC: _____ **cm (** **%ile)**
BMI: _____ **(** **%ile)**

Temp: _____ **P:** _____

BP: _____

RR: _____ **O_2 sat:** _____

PAST MEDICAL HISTORY

MEDICATIONS: ❑ None

ALLERGIES: ❑ None

IMMUNIZATIONS:

FAMILY HISTORY:

SOCIAL HISTORY:
- ❑ Family structure
- ❑ Tobacco exposure
- ❑ Stressors (e.g. food insecurity, financial concerns: In the past year have you run out of food before you were able to buy more - or worried about running out of food?)

REVIEW OF SYSTEMS:

	Negative	Pertinent Findings
Constitutional	❑	❑ Fever
HEENT	❑	❑ Ear pain ❑ Sore throat ❑ Rhinorrhea
Respiratory	❑	❑ Cough ❑ Wheezing
Cardiovascular	❑	
GI/Liver	❑	❑ Vomiting ❑ Diarrhea ❑ Abdominal pain
Kidney/GU	❑	❑ Dysuria
Musculoskeletal	❑	❑ Pain ❑Trauma
Neurologic	❑	❑ Headache
Skin	❑	❑ Rash
Heme/Oncologic/Lymphatic	❑	
Metabolic/Endocrine	❑	
Allergic/Immunologic	❑	
Development/Behavior	❑	
Other:	❑	

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PHYSICAL EXAM (Describe pertinent findings):	Abnormal findings
General: ❑ well appearing, active, NAD	
ENT/Mouth: ❑ clear oropharynx ❑ TM's normal	
Eyes: ❑ PERRL ❑ EOMI ❑ clear conjunctiva	
Neck: ❑ supple ❑ no adenopathy	
Lungs: ❑ clear ❑ no respiratory distress	
Cardiac: ❑ reg rate & rhythm ❑ no murmur ❑ pulses ____	
Abdomen: ❑ soft ❑ non-tender ❑ NL bowel sounds	
GU: ❑ NL external genitalia	
Extremities: ❑ warm ❑ capillary refill time _____	
Neurologic: ❑ no focal deficits	
Skin: ❑ no rashes or lesions	
Other:	

LABS AND STUDIES:

ASSESSMENT/DIAGNOSIS:

PLAN:

DATE	**SIGNATURE**:
	PRINT Name:
	SEEN WITH (Attending):