



LABEL OR PRINT  
NAME



\* 1 5 1 8 7 2 \*

CH MRN

**ALLERGY / IMMUNOLOGY NEW VISIT REPORT**  
Children's Hospital Pediatric Associates  
Page 1 of 2

DOB

GENDER M F

Date: \_\_\_\_\_

Patient identified by name and date of birth?

Is the patient in any pain or discomfort?  yes  no

Pain Scale: 1 2 3 4 5 6 7 8 9 10  FACES  FLACC  NRS (Numeric)

Reason for consultation \_\_\_\_\_

Chief complaint \_\_\_\_\_

History of present illness:

CHILDREN'S HOSPITAL BOSTON, 300 LONGWOOD AVE., BOSTON, MA 02115

**Review of Systems: Check if abnormal**

- |                                    |   |  |
|------------------------------------|---|--|
| <input type="checkbox"/> CNS       | <input type="checkbox"/> GI                 | <input type="checkbox"/> Musculoskeletal/Rheumatologic |
| <input type="checkbox"/> ENT       | <input type="checkbox"/> GU                 | <input type="checkbox"/> Skin                          |
| <input type="checkbox"/> Pulmonary | <input type="checkbox"/> Hem/Onc/Lymphatics | <input type="checkbox"/> Psychiatric                   |
| <input type="checkbox"/> Cardiac   | <input type="checkbox"/> Infectious         | <input type="checkbox"/> Endocrine                     |

**Past Medical History:**

Hospitalizations \_\_\_\_\_

Surgeries \_\_\_\_\_

ER visits \_\_\_\_\_

Medication allergies \_\_\_\_\_

Immunization status \_\_\_\_\_

**Current Medications:**

- |    |    |
|----|----|
| 1) | 5) |
| 2) | 6) |
| 3) | 7) |
| 4) | 8) |

**Social History:**

Education \_\_\_\_\_ Parental status \_\_\_\_\_

Hobbies \_\_\_\_\_

Smoking: active or passive \_\_\_\_\_

Drug/Alcohol use \_\_\_\_\_

**Physical Exam:**

HT \_\_\_\_\_ WT \_\_\_\_\_

**Eyes:**

PERRL \_\_\_\_\_  
 EOMI \_\_\_\_\_  
 Fundi, normal \_\_\_\_\_  
 Conjunctiva:  
   normal \_\_\_\_\_  
   cobblestoning \_\_\_\_\_  
   purulent discharge \_\_\_\_\_

**Ears:**

Canals:  
   normal \_\_\_\_\_  
   inflamed \_\_\_\_\_  
 TMs:  
   normal \_\_\_\_\_  
   inflamed \_\_\_\_\_  
   dull \_\_\_\_\_  
   retracted \_\_\_\_\_  
   fluid \_\_\_\_\_  
   decreased mobility \_\_\_\_\_  
   perforation \_\_\_\_\_  
   tubes \_\_\_\_\_

**Nose:**

Normal \_\_\_\_\_  
 Rhinorrhea:  
   clear \_\_\_\_\_  
   mucoid \_\_\_\_\_  
   purulent \_\_\_\_\_  
 Turbinate edema \_\_\_\_\_  
 Polyps \_\_\_\_\_  
 Pallor \_\_\_\_\_  
 Obstructed \_\_\_\_\_  
 Inflamed \_\_\_\_\_  
 Dry/Crusted \_\_\_\_\_  
 Bleeding \_\_\_\_\_  
 Septal deviation \_\_\_\_\_  
 Septal perforation \_\_\_\_\_  
 Sinus tenderness \_\_\_\_\_

**Oropharynx:**

Dentition, normal \_\_\_\_\_  
 Gingiva, normal \_\_\_\_\_  
 Cobblestoning \_\_\_\_\_  
 Postnasal discharge:  
   clear \_\_\_\_\_  
   mucoid \_\_\_\_\_  
   purulent \_\_\_\_\_  
 Thrush \_\_\_\_\_  
 Erythematous \_\_\_\_\_  
 Trachea midline \_\_\_\_\_  
 Tonsils:  
   normal \_\_\_\_\_  
   enlarged \_\_\_\_\_  
   erythematous \_\_\_\_\_

**Skin:**

Normal \_\_\_\_\_  
 Urticaria \_\_\_\_\_  
 Xerosis \_\_\_\_\_  
 Angioedema \_\_\_\_\_  
 Morbilliform eruption \_\_\_\_\_  
 Eczematous \_\_\_\_\_  
 Weeping lesions \_\_\_\_\_

**Chest:**

Normal breathing \_\_\_\_\_  
   sounds \_\_\_\_\_  
 Hyperinflation \_\_\_\_\_  
 Wheezing \_\_\_\_\_  
 Retractions \_\_\_\_\_  
 Rhonchi \_\_\_\_\_  
 Pectus \_\_\_\_\_  
 Air exchange:  
   normal \_\_\_\_\_  
   diminished \_\_\_\_\_

**Cardiovascular:**

RRR \_\_\_\_\_  
 Murmur \_\_\_\_\_  
 Normal S1 & S2 \_\_\_\_\_  
 Pulses, normal \_\_\_\_\_

**Gastrointestinal:**

Bowel sounds, \_\_\_\_\_  
   normal \_\_\_\_\_  
 Liver: \_\_\_\_\_  
   normal \_\_\_\_\_  
   enlarged \_\_\_\_\_  
 Spleen: \_\_\_\_\_  
   normal \_\_\_\_\_  
   enlarged \_\_\_\_\_

**Extremities:**

Normal \_\_\_\_\_  
 Clubbing \_\_\_\_\_  
 Cyanosis \_\_\_\_\_  
 Edema \_\_\_\_\_

**Hematologic/Lymphatic:**

Nodes:  
   normal \_\_\_\_\_  
   cervical \_\_\_\_\_  
   axillary \_\_\_\_\_  
   supraclavicular \_\_\_\_\_

**Neck:**

Thyroid:  
   normal \_\_\_\_\_  
   enlarged \_\_\_\_\_

**Diagnoses:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_

**Plan/Orders:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_

Alternative therapies discussed and reviewed. Risks and benefits reviewed.

\_\_\_\_\_  
 Provider's signature