

PEDIATRIC PROGRESS NOTE

NAME: _____ AGE: _____ BIRTHDATE: _____ DATE: _____

T: _____ P: _____ R: _____ BP: _____ HT: _____ WT: _____ At Risk for TB: Yes _____ No _____

Present Complaints: _____

Interval Medical History: _____

Allergies: _____

Unresolved/Continuing Problems: _____ Problems Resolved []

UP TO DATE ON IMMS: Yes _____ No _____ MA or Nurse signature _____

NORM	ABN.	NE	PHYSICAL EXAMINATION - Comments
			DEVELOPMENT: appropriate for age
			SKIN: no significant lesions
			HEAD: normocephalic, no headache
			EYES: perla, eom satisfactory, vision WNL
			EARS: drums intact, hearing WNL
			NOSE: no abnormality
			THROAT: clear, no infection
			TEETH/GUMS: no caries, good repair, no lesions
			NECK: supple, no adenopath
			CHEST: symmetrical, no pain
			BREAST: no masses
			LUNGS: clear to p&a, no rhonchi, no rales
			HEART: regular rate, no cardiomegaly
			ABDOMEN: non-tender, soft, no masses
			SPINE: no abnormalities
			EXTREMITIES: no abnormalities
			LOW BACK: rom normal
			NEURO: dtr=2+, no abnormal findings
			GENTALIA: no abnormalities

ASSESSMENT:	HEALTH EDUCATION
	[] Guidance/Parenting
	[] Nutrition
	[] Tobacco
RX:	[] Safety
	[] Dental
Plan:	[] Dental Referral
	[] Growing Up Healthy Brochure given
	[] New Medications
RTC:	[] Anticipatory Guidance
	[] Lead Poisoning
Referral:	[]
	[]
Missed Appointment: [] No Action Needed [] Call Patient [] Send Reminder	
Dates Called:	
Date Reminder Mailed:	

Provider Signature/Title