



Clinic Office Documents

Signed By: _____ Signed Date/Time _____

Synopsis
Dr. Carver does this.....brief over view of history

Feedings

if they have tube feedings..... special instructions..... needs total of 30oz daily... if doesnt take in orally give per g-tube

Procedures

01/10/2005 EEG
 01/01/2006 CT scan of head
 01/01/2007 botox injections to l) heel

Procedures to Avoid	Reasons
blood draws in l) arm	birthmark/clotting issues

Weight: 85
 Wheel Chair Weight: 42#

Baseline Findings

Physical Findings:
 Prostheses/Apliances: splints to legs bil.
 Neurological:
 Oximetry SATS: sats usually run around 82-92%
 Ancillary (Labs, x-ray, ECG): Keppra level 7.2 (normals) 04/10/2011
 Blood Sugars:

Common Presenting Problems

Problems	Suggested Diagnostic Studies	Treatment Considerations
trach infectioin	culture of trach	standing order for trach culture in computer

Comments

Lab Legend: @ = Corrected A = Abnormal C = Critical L = Low H = High R = Ref Lab f = Footnote * = Interpretive Data

Admit Date: 09/14/2010

Patient Name: ZZTEST, PEANUT

DOB: 04/24/2008

MR#: 471935

Enc#: 1025

Date Printed: 04/28/2011 13:04

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Req ID: 16116370

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What are your child's assets/strengths? Very active, runs and plays. Interactive with other children
What are your child's issues/weaknesses? .. Needs assistance with puzzles. etc... Needs to work on fine motor skills
 Please list any special circumstances/comments/suggestions/what you would like us to know about your child/family?
 (Example: Fears your child may have when coming to the doctor and suggestions to alleviate these fears.)

Medical Equipment

G-Tube Type:
 G-Tube Size: 14fr change weekly
 Pumps (type):

Apnea Alarm Settings:

Respirations:
 Heart Rate (High):
 Heart Rate (Low):

Services

Pharmacy

Preferred Pharmacy	Pharmacy Address	Phone #	Fax #
Keycare	adress	885-5225	

School Services

Type	Name	Address	Phone #	Fax #
special ed	Ms Frizzle/ 2hours per week	your school	222-2222	
Occupational therapy	Ms Rizzle/ every wed am.	your school		
Physical Therapy	Ms Drizzle/ every tues am	your school		

Community Services

Type of Service	Name	Address	Phone #	Fax #
Respit Care	Easter seals Mr. Rabbit / every friday	11211 your street your town	888-8888	
Water therapy	YMCA.. every tues. Mrs. Aqua	address		

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Trinity Hospitals
 One Burdick Expressway West
 Minot, ND 58702-5020

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**Providers
 Physicians**

	Name	Address	Office #	Emergency #	Fax #
Primary Care Physician	Dr.Doolittle	your address your town	222-2222	222-2222 and have dr paged	
Secondary Physician					

Specialty Care

Specialty Type	Provider Name	Address	Office #	Emergency #	Followup Information	Active Y/N
Audiology	Dr. Earlobe	your address	222-222	222-2222	last seen 05/10..seen yearly	Y
Neurology	Dr. Noggin	your adress	222-222		last seen 04/98	N

Contact Information

Preferred Name: Peanut Test
 Parent(s)/Primary Caregiver(s): Shell and Shelly Test
 Cell Phone #: 222-2222(shell)
 Home Phone #:
 Work Phone #:
 Email Address:
 Preferred Contact Method: cell phone
 Information Given By: Mom
 Primary Household: Mom dad and sibling
 Siblings Name & DOB: Butter (04/10/2005)
 Language(s) spoken at home: english
 Emergency Contacts:

Emergency Contact Name	Relationship to Patient	Address	Phone #
Jelly Jones	maternal gma	her town	222-2222

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