Medical Summary (sample)

PROBLEM LIST WITH ICD-9 CODES
Cerebral palsy due to prematurity 343.2; Spastic quadriparesis 344.09; Glucose intolerance 250.00; Chronic constipation 564.01; Degenerative arthritis in knees and shoulders 715.09; Obesity 278.01; Attention deficit, hyperactivity disorder 314.01; Mild intellectual disability 318

ALLERGIES
None

CARDIAC
Normal blood pressure; Baseline ECHO-Normal (9/93)

DERMATOLOGY
History of pressure sores
4/16/11 Second degree pressure ulcer resolved.
6/23/12 second degree pressure sore on buttocks. Pressure reducing mattress and evaluation of wheelchair seating. No increase in time spent in wheelchair, but father with back pain and caregiver stress. Called regional center for additional support.6/30/12 pressure sore healed.

DEVELOPMENT
Patient is fraternal twin born to 38 year old mother at 25 weeks gestation after an uncomplicated pregnancy conceived through IVF. Patient's ability to ambulate long distances declined around age 18; attended regular education classrooms with a 1:1 aide. Patient graduated from high school and has started community college.
Most recent Genetics Evaluation: Normal screening for Fragile X in 1999

EAR NOSE THROAT
Hearing-normal; Dental-no caries, uses electric toothbrush with wide handle and chlorhexidate wash. 2mg Ativan pre-sedation two hours prior to procedures.

FLUID ELECTROLYTES NUTRITION
Height: 50 inches
Ideal Weight goal-85-95 lbs; current weight 118 lbs, BMI: 33.2
Nutrition-good
Exercise-none
Diet texture-pureed, thickened liquids
Swallow study: moderate dysphagia on videoflourscopy; feeding recommendations include nosey cup, built up handle and curved plate, double swallow and sip of water between bites. Turn head to left when swallowing. Remain upright after feeds.

ENDOCRINE
8/20/12 Fasting blood sugar 120; TSH 2.3

GASTROINTESTINAL
Bowel regimen-docusate sodium 250 mg daily; ducolax supp as needed; miralax 17 gm in 240 cc fluid as needed

GENITOURINAY
Normal

HEMATOLOGY
8/20/12 normal CBC

INFECTIOUS DISEASE
Recurrent UTI's without evidence of stones or retention on sonogram

MUSCULOSKELETAL
Supportive devices-Orthotics for both feet; custom wheelchair with lap tray; vest for transport

NEUROLOGICAL
Spastic quadriparesis; baclofen 5 mg bid

OBSTETRICS
Menarch- 12 yo; sexually active-since age 19; contraceptive plan-oral contraceptive; LMP- 8/23/12

ONCOLOGY

OPTHALMOLOGY
Vision-wears glasses; no retinopathy of prematurity

PULMONARY
Aspiration pneumonia 1996; 1999; 2001

PSYCHIATRIC
Baseline Behavioral Phenotype: Cooperative, active, engages with others; no challenging behaviors; behavior plan includes detailed daily schedule, pill dispenser with alarm, reward system for completing chores, when approaches strangers, hand patient card to remind of safety tips.

RENAL
8.20.12 Cr .3

FUNCTIONAL STATUS
COGNITIVE: *Most recent neuropsych or cognitive testing: IQ 69; ADHD*
COMMUNICATION: *Uses speech generating device and letter board*
COOPERATION WITH MEDICAL EXAMS: *Good*
DRESSING: *Needs assistance*

EXERCISE: *Needs low impact and range of motion; no contractures; spasticity in all four extremities.*
FEEDING: *Independent but needs help with food prep*
FINE MOTOR: *Able to point accurately and hold items with built up handles, can write two-inch letters*
HYGIENE/TOILETING: *Independent*
INDEPENDENT ACTIVITIES OF DAILY LIVING: *Requires assistance*
MEDICATION ADMINISTRATION: *Requires assistance*
MOBILITY: *Last gait analysis done 8/2008—see report. Walks short distances independently, but does better with walker and wheelchair for longer distances.*
SAFETY AWARENESS: *Aware of traffic, requires some interventions for social safety, at-risk for sexual and financial exploitation*
SELF-HELP: *Assist with IADL's*
SIGNS OF PAIN OR DISTRESS: *Becomes quiet and withdrawn*
SLEEP: *Good*
SOCIAL: *Goes to church youth program and has frequent visitors*

TIPS FOR RECOGNIZING ILLNESS/PAIN
Patient does not exhibit typical pain behavior. Maintain high index of suspicion.

EDUCATION
High school with one year community college (dropped out due to finances)

RESIDENCE
Lives independently in apartment behind parent's home

SOCIAL ACTIVITIES
Day program or vocation: Happy Days Vocational and Recreational Training Program

VOCATIONAL HISTORY
Temp work as data entry specialist until graduated from high school

SUPPORT SYSTEMS
CONSERVATOR: *None*
FAMILY: *Father, Philip Doe (555-555-1234); Aunt Gladys Doe (555-666-8888)*
POWER OF ATTORNEY FOR HEALTH CARE: *Father, Philip Doe (555-555-1234)*
PRIMARY CARE GIVER(S): *Father; three hours/day of IHSS worker, Gina (555-777-1234)*
SOCIAL WORKER: *Irma Helpful*
RELIGION: *Christian; attends Our Lady of Inclusion Church*
DNR STATUS: *Full code*

FAMILY HISTORY
Twin brother died at birth

SOCIAL HISTORY
Smokes one pack/month; no alcohol; no drugs; boyfriend of 3 years assists

SPECIALISTS

Clifford Chat, SLP, AAC Specialist
Betsy Sport, PT
Connie Hand, OT
Jonathan Smile, DDS
Maria Manners, Behavioral Consultant

HOSPITALIZATIONS

2001 aspiration pneumonia with intubation for 5 days

IMMUNIZATIONS

FLU SHOT: *10/15/12*
HPV: *2001-2 3 shots*
HEPATITIS A: *1991, 1992*
HEPATITIS B: *1991 3 shots*
MMR: *1991, 1995*
MENINGIOLOGICAL: *2001*
PPD: *10/15/11*
PNEUMOVAX: *8/20/12*
TETANUS: *12/02/2010 Tdap*
VARICELLA: *Titer positive 10/22/10*
ZOSTER (over age 60): *Not applicable*

SCREENING TESTS

AUDIOGRAM: *Normal 8/23/12*
VISION SCREEN: *7/15/12*
CERVICAL CANCER SCREENING: *8/20/12*
BONE DENSITY/VITAMIN D: *25 hydroxy, total 35 on 8/20/12, needs Dexa*
STD/HIV/HEP B/C: *8/20/12 normal chlamydia*

HEALTH MAINTENANCE

DENTAL: *5/12/12*
NUTRITION: *None*
OCCUPATIONAL THERAPY: *6/7/12*
PHYSICAL THERAPY: *7/14/12*
PODIATRY: *6/14/12*
RECREATIONAL THERAPY: *At day program*
SPEECH: *6/25/12*
HISTORY & PHYSICAL: *8/20/12*

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