

Name: **Jane Doe**  
Updated: **12/13/2012**

DOB: **01/01/1990**

MR#: **9999999**  
**Page 1 of 4**

## Medical Summary (sample)

### PROBLEM LIST WITH ICD-9 CODES

*Cerebral palsy due to prematurity 343.2; Spastic quadriplegia 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*

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*Page 2 of 4*

#### **GASTROINTESTINAL**

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

#### **GENITOURINARY**

*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**

#### **OPHTHALMOLOGY**

*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*

Name: **Jane Doe**

DOB: **01/01/1990**

MR#: **9999999**

**Page 3 of 4**

Updated: **12/13/2012**

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*

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**Page 4 of 4**

## **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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