

SCHOOL-BASED HEALTH CENTER HEALTH VISIT REPORT FORM

Well child exam only (see attached physical exam form)

SBHC Name & Address: SBHC Provider Number: Contact Name: Telephone: Fax:	MCO Name & Address: Contact Name: Telephone: Fax: Date Faxed:	
Student Name: DOB: MA Number: SS Number:	Date of Visit: Type of Visit: <input type="checkbox"/> Acute/Urgent <input type="checkbox"/> Follow Up <input type="checkbox"/> Health Maintenance	ICD-10 Codes
Provider Name/Title:	Drug Allergy: <input type="checkbox"/> NKDA	CPT Codes
T: Hgt: Rapid Strep Test: - P: Wgt: Hgb: RR: BMI: BGL: BP: U/A: PF: PaO2:	Current Medications:	Immunization review: <input type="checkbox"/> UTD Given today: Needs:

Age: **Chief Complaint:**
HPI:

Past Medical History: Unremarkable See health history Pertinent:

Physical Findings:

General: Alert/NAD
 Pertinent:

Head: Normal
 Pertinent:

Ears: TMs: pearly, + landmarks, + light reflex
 Cerumen removed curette/lavage
 Pertinent:

Eyes: PERRLA, sclerae clear, no discharge/crusting
 Pertinent:

Nose: Turbinates: pink, without swelling
 Pertinent:

Mouth: Pharynx without erythema, swelling, or exudate
 Normal dentition without caries
 Pertinent:

Neck: Full ROM. No tenderness
 Pertinent:

Lymph Nodes: No lymphadenopathy
 Pertinent:

Cardiac: RRR, normal S1 S2, no murmur
 Pertinent:

Lungs: CTA bilaterally, no retractions, wheezes, rales, ronchi
 Pertinent:

Abdomen: Soft, non-tender, no HSM, no masses,
 Bowel sounds present
 Pertinent:

Genitalia: Normal female/normal male Tanner Stage
 Pertinent:

Extremities: FROM
 Pertinent:

Neurologic: Grossly intact
 Pertinent:

Skin: Intact, no rashes
 Pertinent:

ASSESSMENT:

PLAN:

Rx Ordered:

Labs Ordered:

Radiology Services Ordered:

Provider Signature: _____

PCP F/U Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
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