

## SCHOOL-BASED HEALTH CENTER HEALTH VISIT REPORT FORM

Well child exam only (see attached physical exam form)

<b>SBHC Name &amp; Address:</b> <b>SBHC Provider Number:</b> <b>Contact Name:</b> <b>Telephone:</b> <b>Fax:</b>	<b>MCO Name &amp; Address:</b> <b>Contact Name:</b> <b>Telephone:</b> <b>Fax:</b> <b>Date Faxed:</b>	
<b>Student Name:</b> <b>DOB:</b> <b>MA Number:</b> <b>SS Number:</b>	<b>Date of Visit:</b>  <b>Type of Visit:</b> <input type="checkbox"/> Acute/Urgent <input type="checkbox"/> Follow Up <input type="checkbox"/> Health Maintenance	<b>ICD-9 Codes</b>
<b>Provider Name/Title:</b>	<b>Drug Allergy:</b> <input type="checkbox"/> NKDA	<b>CPT Codes</b>
T:                      Hgt:                      Rapid Strep Test: - P:                      Wgt:                      Hgb: RR:                      BMI:                      BGL: BP:                      U/A: PF: PaO2:	<b>Current Medications:</b>	<b>Immunization review:</b> <input type="checkbox"/> UTD <b>Given today:</b> <b>Needs:</b>

**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:** \_\_\_\_\_

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