

53295

ID

yr3_PE_ID

Child's Initials

(F M L) yr3_PE_Child_in

Date / /

yr3_PE_Date

Child's Birthday / /

yr3_PE

CCAAPS PHYSICAL EXAMINATION FORM Third Year

Blood Pressure <input type="text"/> / <input type="text"/>	Temperature <input type="text"/> °F	Weight <input type="text"/> lbs
yr3_PE_BI yr3_PE_BI	yr3_PE_Temperature	yr3_PE_num_lbs_Wei
Respiratory Rate <input type="text"/> bpm	Pulse <input type="text"/> bpm	Length <input type="text"/> in
yr3_PE_nu	yr3_PE_nu	yr3

Directions: Measure waist across the navel: in. yr3_PE_num_in_waist

Measure chest across the nipples: in. yr3_PE_num_in_chest

A. General Medication Questions

1. What medications are your child currently on?

include Name of Medication, Condition, Dosage, Start Date(Mo., Yr.), and Date Last Used(Mo., Yr.).

1a. yr3_PE_A_1a_curr_meds

1b. yr3_PE_A_1b_curr_meds

1c. yr3_PE_A_1c_curr_meds

1d.

2. What past medications:

include Name of Medication, Condition, Dosage, Start Date(Mo., Yr.), and Date Last Used(Mo., Yr.).

2a. yr3_PE_A_2a_past_meds

2b. yr3_PE_A_2b_past_meds

2c. yr3_PE_A_2c_past_meds

2d. yr3_PE_A_1d_curr_meds

3. Does she/he have any drug allergies: No Yes IF YES, then list: yr3_PE_A_3_YN_drug_allergies

3a. yr3_PE_A_3a_YN_drug_allergies

3b. yr3_PE_A_3b_YN_drug_allergies

3c. yr3_PE_A_3c_YN_drug_allergies

3d. yr3_PE_A_3d_YN_drug_allergies

4. Indicate normal/abnormal for each body region. Answer questions indicated under each body region. For skin abnormality, refer to eczema severity index form. Answer all questions under asthma severity.

yr3_PE_A_4_ EYES	NORMAL yr3_PE_ ABNORMAL yr3_PE_A_4_Eyes_Abnormal
yr3_PE_A_4_ EARS	NORMAL ABNORMAL
yr3_PE_A_4_ NOSE	NORMAL yr3_PE_ ABNORMAL yr3_PE_A_4_Nose_Abnormal
yr3_PE_A_ THROAT	NORMAL yr3_PE_ ABNORMAL yr3_PE_A_4_Throat_Abnormal
yr3_PE_A_4_ NECK	NORMAL yr3_PE_ ABNORMAL yr3_PE_A_4_Neck_Abnormal
yr3_PE_ LUNGS/CHEST	NORMAL ABNORMAL yr3_PE_A_4_Lungs_Chest_A
yr3_PE_A_ HEART	NORMAL yr3_PE_ ABNORMAL yr3_PE_A_4_Heart_Abnormal
yr3_P_ ABDOMEN	NORMAL yr3_PE_ ABNORMAL yr3_PE_A_4_abdomen_abnor
yr3_PE_A_4_ SKIN	NORMAL yr3_P_ EVIDENCE OF ATOPIC ECZEMA yr3_PE_A_4 (Erythema, papulation, excoriations, Tichenification)
ALL NORMAL	ALL ABOVE IS NORMAL

B. ASTHMA SEVERITY

5. Child talks in:

- No Yes **Sentences** yr3_PE_B_5_YN_talk_sent
 No Yes **Phrases** yr3_PE_B_5_YN_talk_phrases
 No Yes **Words** yr3_PE_B_5_YN_talk_words
 No Yes **Babbles** yr3_PE_B_5_YN_talk_babbles

Child showing no signs of breathlessness, wheezing, use of accessory muscles, decreased alertness or respiratory distress. (IF YES, then skip to question 10) yr3_PE_B_no_signs_resp_distres

6. Breathlessness:

- No Yes **While walking (infant crawling)** yr3_PE_B_6_YN_walk
 No Yes **While talking (infant-softer shorter cry; difficulty feeding)** yr3_PE_B_6_YN_t
 No Yes **While at rest (infant-stops feeding)** yr3_PE_B_6_YN_rest

7. Alertness:

- No Yes **May be agitated** yr3_PE_B_7_YN_may_agit
 No Yes **Usually agitated** yr3_PE_B_7_YN_usul_agit
 No Yes **Drowsy or confused** yr3_PE_B_7_YN_drow_conf

8. Use of accessory muscles; suprasternal retractions:

- No Yes **Rarely** yr3_PE_B_8_YN_rarely
 No Yes **Commonly** yr3_PE_B_8_YN_commonly
 No Yes **Usually** yr3_PE_B_8_YN_usually

9. Wheeze:

- No Yes **Moderate, often only end expiratory** yr3_PE_B_9_YN_moderate
 No Yes **Loud, throughout exhalation** yr3_PE_B_8_YN_loud
 No Yes **Usually loud, throughout exhale and inhale** yr3_PE_B_8_YN_usually

C. Food Allergies**10. Food allergy SPT positive at previous visit?** yr3_PE_C_10_YN_Food_spt_pos

- No Yes

11. Food allergy diagnosed elsewhere? yr3_PE_C_11_YN_food_diag

- No Yes

If yes:**11a. Where was child diagnosed? (outside clinic only)**

yr3_PE_C_11a_text_diag

11b. To what foods was child diagnosed? (outside clinic only)**No** **Yes** Egg yr3_PE_C_11b_YN_egg Milk yr3_PE_C_11b_YN_milk Nut yr3_PE_C_11b_YN_nut Other yr3_PE_C_11b_YN_others yr3_PE_C_11b_text_others

12. Parent reporting allergic symptoms to a food? yr3_PE_C_12_YN_aller_symp

No Yes (if yes, what are the foods?)

No **Yes**

- Egg yr3_PE_C_12_YN_egg
 Milk yr3_PE_C_12_YN_milk
 Nut yr3_PE_C_12_YN_nut
 Citrus yr3_PE_C_12_YN_citrus
 Other yr3_PE_C_12_YN_other yr3_PE_C_12_text_oth

Describe symptoms: yr3_PE_C_12_text_descr

13. Other positive allergy diagnosed elsewhere? yr3_PE_C_13_YN_diag_else

No

Yes **IF YES:**

13a. Please provide the name of the doctor that made the diagnosis. (outside clinic only)

yr3_PE_C_13a_other_pos_else

13b. To what was child diagnosed? (outside clinic only)

- | | | |
|--|--------------------------|---|
| <input type="checkbox"/> Cats yr3_PE_C_13b_diag_C | <input type="checkbox"/> | Latex yr3_PE_C_13b_Ltx_baby |
| <input type="checkbox"/> Dogs yr3_PE_C_13b_diag | <input type="checkbox"/> | Egg yr3_PE_C_13b_Egg_baby |
| <input type="checkbox"/> Cockroaches yr3_PE_C_13 | <input type="checkbox"/> | Milk yr3_PE_C_13b_Milk_baby |
| <input type="checkbox"/> Ragweed yr3_PE_C_13 | <input type="checkbox"/> | Nuts yr3_PE_C_13b_Nuts_baby |
| <input type="checkbox"/> Pollen yr3_PE_C_13 | <input type="checkbox"/> | Citrus yr3_PE_C_13b_Citrus_baby |
| <input type="checkbox"/> Mold Spores yr3_PE_C_13 | <input type="checkbox"/> | Other food <input type="text"/> yr3_PE_C_13b |
| <input type="checkbox"/> Dust (Dust Mites) yr3_PE_C | <input type="checkbox"/> | Nothing yr3_PE_C_13b_Noth_baby |
| | <input type="checkbox"/> | Don't Know yr3_PE_C_13b_Dnt_knw_baby |

13c. Can we obtain records from your doctor concerning results of these tests?

No Yes yr3_PE_C_13c_YN_release

➔ **IF YES, HAVE SUBJECT SIGN A RELEASE OF INFORMATION FORM**

D. PHYSICIAN'S DIAGNOSIS:

yr3_PE_D_14_atpic_der yr3_PE_D_14_aller_asth yr3_PE_D_14_aller_rhini yr3_PE_D_14_food_aller

14. Atopic Dermatitis:

- Unlikely
- Possible
- Probable
- Definitive

Allergic Asthma:

- Unlikely
- Possible
- Probable
- Definitive

Allergic Rhinitis:

- Unlikely
- Possible
- Probable
- Definitive

Food Allergy:

- Unlikely
- Possible
- Probable
- Definitive

15. INDIVIDUAL BODY REGION QUESTIONS.

EYES:

No Abnormalities

- No Yes Watery Discharge? yr3_PE_D_15_Y
- No Yes Lid edema? yr3_PE_D_15_Y
- No Yes Conjunctival Injection? yr3_PE_D_15_Y
- No Yes Child appear to be itching eyes? yr3_PE_D_15_Y
- No Yes Allergic shiners? yr3_PE_D_15_Y
- No Yes Other yr3_PE_D_15_Y

EARS (Tympanic Membranes):

No Abnormalities

- No Yes Dull? yr3_PE_D_15_Y
- No Yes Effusion? yr3_PE_D_15_Y
- No Yes Erythema? yr3_PE_D_15_Y
- No Yes Discharge? yr3_PE_D_15_Y
- Air-fluid Level
- No Yes Other yr3_PE_D_15_Y

NOSE:

- No Yes Crease present? yr3_PE_D_15_Y

No Abnormalities

Turbinates:

- No Yes Edema? yr3_PE_D_15_YN
- No Yes Pale? yr3_PE_D_15_YN
- No Yes Erythema? yr3_PE_D_15_Y
- No Yes Discharge? yr3_PE_D_15_YN
- If Yes: Clear Mucoïd
- No Yes Polyps present? yr3_PE_D_15_YN
- No Yes Other yr3

LUNGS/CHEST:

No Abnormalities

- No Yes Asymmetrical Expansion? yr3_PE_D_15_YN
- No Yes Crackles? yr3_PE_D_15_YN
- No Yes Coarse Ronchi? yr3_PE_D_15_YN
- No Yes Wheezing? yr3_PE_D_15_YN
- No Yes Stridor? yr3_PE_D_15_YN
- No Yes Other yr3_PE_D_15_YN_lungs

THROAT:

No Abnormalities

- No Yes Erythema? yr3_PE_D_15_YN_t
- No Yes Post nasal drainage? yr3_PE_D_15_YN_t
- No Yes Hyperemia? yr3_PE_D_15_YN_t
- No Yes Cobblestoning? yr3_PE_D_15_YN_t
- No Yes Other yr3

NECK:

No Abnormalities

- No Yes Cervical Lymphadenopathy? yr3_PE_D_15_YN
- No Yes Thyroid Enlargement? yr3_PE_D_15_YN
- No Yes Other yr3

yr3_PE_D_15_YN_throa

16. INDIVIDUAL BODY REGION QUESTIONS. ANSWER ONLY IF ABNORMAL. (cont.)

HEART: Normal S1 & S2 with no murmurs yr3_PE_D_16_Y_heart_no_ab

Describe Abnormalities: (Please Print) yr3_PE_D_16_text_Heart

ABDOMEN: Non-tender with no masses yr3_PE_D_16_Y_abdomen_no_ab

Describe Abnormalities: (Please Print) yr3_PE_D_16_text_Abdomen

SKIN: No lesions, warm and dry yr3_PE_D_16_Y_skin_no_ab

Describe Abnormalities: (Please Print) yr3_PE_D_16_text_Skin

17. Investigator's Global Assessment (Check one only) yr3_PE_D_17_skin_global

- Clear (no inflammatory signs of Atopic Dermatitis)
- Almost clear (just perceptible erythema, and just perceptible infiltration/papulation)
- Mild disease (mild erythema and mild papulation/infiltration)
- Moderate disease (moderate erythema and moderate papulation/infiltration)
- Severe disease (severe erythema and severe papulation/infiltration)
- Very severe disease (severe erythema and severe papulation/infiltration with oozing and crusting)

18. If Eczema: Was it on the: (no answer required if not present)

No Yes

- Head/Neck yr3_PE_D_18_eczema_head
- Upper Extremities yr3_PE_D_18_eczema_up_limbs
- Trunk yr3_PE_D_18_eczema_trunk
- Lower Extremities yr3_PE_D_18_eczema_low_limb

E. OVERALL CLINICAL IMPRESSION:**19. Allergic disorder?**

No Yes yr3_PE_E_19_YN_Aller_disorder

19a. IF YES, list diagnosis.

1. Allergic Rhinitis yr3_PE_E_19a_Y_Aller_rhini
2. Atopic Dermatitis yr3_PE_E_19a_Y_Atopic_Derm
3. Asthma with Allergy Component yr3_PE_E_19a_Y_Asthma_Aller
4. yr3_PE_E_19a_text_oth_1
5. yr3_PE_E_19a_text_oth_2
6. yr3_PE_E_19a_text_oth_3

F. TREATMENT RECOMMENDATIONS:**20. Environmental control measures? yr3_PE_F_20_YN_Env_Con**

No Yes

20a. IF YES, list.

1. Hepa Filter yr3_PE_F_20a_Y_EnvCon_HepaFilt
2. Frequent Vacuuming and Dusting yr3_PE_F_20a_Y_EnvCon_FreqVac
3. Avoidance Measures yr3_PE_F_20a_Y_EnvCon_AvoidMeas
4. yr3_PE_F_20a_Y_EnvCon_oth_1
5. yr3_PE_F_20a_Y_oth_2
6. yr3_PE_F_20a_Y_EnvCon_oth_

21. Physician referred?

No Yes yr3_PE_F_21_YN_Phys_Ref

21a. IF YES, referral name and specialty. yr3_PE_F_21a_Phys_Ref

yr3_PE_F_21a_text_Phys_Ref

- Pediatrician yr3_PE_F_21a_Phys_Ref_Pedia
- Allergist yr3_PE_F_21a_Phys_Ref_Aller
- Ear Nose and Throat yr3_PE_F_21a_Phys_Ref_Ear_n_Nose
- Family Physician yr3_PE_F_21a_Phys_Ref_Fam_Phys

22. Medications?

No Yes yr3_PE_F_22_YN_Meds

22a. IF YES, list.

EpiPen Jr yr3_PE_F_22a_Y_med_epipen

1. yr3_PE_F_22a_text_med_1
2. yr3_PE_F_22a_text_med_2
3. yr3_PE_F_22a_text_med_3
4. yr3_PE_F_22a_text_med_4

23. Follow up visit? yr3_PE_F_23_followup

1 year other yr3_PE_F_23_followup_oth



53295

G. Directions to SPT Administrator From Physician

24. Child to see physician after SPT administered? No Yes yr3_PE_ F_24_YN_child_see_

25. Child has history of food allergy? No Yes yr3_PE_ F_24_YN_child_food_

IF CHILD HAS HAD A PREVIOUS POSITIVE SPT TO MILK OR EGG (AT THIS CLINIC OR OUTSIDE CLINIC) AND PARENT REPORTED ALLERGIC SYMPTOMS TO THAT ALLERGEN THEN DO NOT TEST FOR THAT SPECIFIC ALLERGEN.

If child has had a previous positive spt to milk or egg and the parent did not report allergic symptoms to that allergen then testing is permitted for that specific allergen.

26. Indicate below if milk or egg should be tested.

Milk No Yes yr3_PE_ F_26_YN_test_milk

Egg No Yes yr3_PE_ F_26_YN_test_egg

Signature

Date

 / /

yr3_PE_ Signature

yr3_PE_ Sig_Date