



### Review of Systems

Make All:

Abn NL N/A

- OSA symptoms?
- If has congenital heart disease, assess for signs of congestive heart failure
- Emotional status of parents and intrafamilial relationships?
- Symptoms of celiac disease?
- add item

### Anticipatory Guidance Discussed

Make All:

Yes No N/A

- Discuss cervical spine positioning, especially for anesthesia or surgical or radiologic procedures
- Review signs and symptoms of myopathy
- Contact physician for change in gait, change in use of arms or hands, change in bowel or bladder function, neck pain, head tilt, torticollis, or new-onset weakness
- Advise risk of some contact sports, trampolines
- Discuss physical and psychological changes through puberty, need for gynecologic care in the pubescent female
- Facilitate transition: guardianship, financial planning, behavioral problems, school placement, vocational training, independence with hygiene and self-care, group homes, work settings



- Discuss sexual development and behaviors, contraception, sexually transmitted diseases, recurrence risk for offspring  
notes
- add item  
notes

**Plan**

Select All

- Hgb  
notes
- TSH (annually)  
notes
- If myopathic signs or symptoms: obtain neutral position spine films and, if normal, obtain flexion and extension films and refer to pedi neurosurgeon or orthopedic surgeon with expertise in evaluating and treating atlanto-axial instability  
notes
- If normal ear-specific hearing established, behavioral audiogram  
notes
- Refer to pedi ophtho or ophtho with experience with Down syndrome (annually 1-5 y; every 2 yrs 5-13 yrs; every 3 yrs 13-21 yrs)  
notes
- Check for sx of celiac disease; if sx present, obtain tissue transglutaminase IgA and quantitative IgA  
notes
- ECI - PT, OT, ST  
notes
- add item  
notes

**Lab**

Print Labels    Generate Requisition

- Hemoglobin (In Office)
- select a lab

**Radiology**

Generate Requisition

- Cervical Spine Xray



**Order** select a radiology

**Followup**

**Order** Next well visit

**Order** by Phone (list reason and time frame)

**Order** by Phone (nurse call to check on)

**Order** select a followup

**Referral**

**Order** Ophthalmology

**Order** select a referral

**Additional Notes**

**Visit Documents**

<p><b>Navigational Anchors in TLC Down Syndrome 13 yr to 21 yr Well Supplement</b></p> <ol style="list-style-type: none"> <li>1. Review of Systems</li> <li>2. Anticipatory Guidance Discussed</li> <li>3. Plan</li> <li>4. Lab</li> <li>5. Radiology</li> <li>6. Followup</li> <li>7. Referral</li> <li>8. Prescriptions</li> <li>9. Visit Documents</li> </ol>
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