Review of Systems

Ma	ke A	All:	Abn NL N/A	
Abn	NL	N/A		
0		0	Constipation?	*
0	0	0		180
0	0	0	OSA symptoms?	•
_	^	0		
O	0	0	If has congenital heart disease, assess for signs of congestive heart failure notes	-
0	0	0		
		\sim	Emotional status of parents and intrafamilial relationships? notes	*
_	_	_		
0	0	0	Symptoms of celiac disease?	18.8
			notes	*
0	0	0	Chronic cardiac or pulmonary disease? (Needs PCV23 @ age 2)	
			notes	*
0	0	0	add item	•
			notes	*
	ke A	AII:		
			notes	*
0	0	0	Discuss complementary and alternative therapies	
			notes	
0	0	0	Discuss cervical spine positioning, especially for anesthesia or surgical or radiologic procedures	
			notes	*
0	0	0	Review signs and symptoms of myopathy	
			notes	•
0	0	0	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	
			notes	-

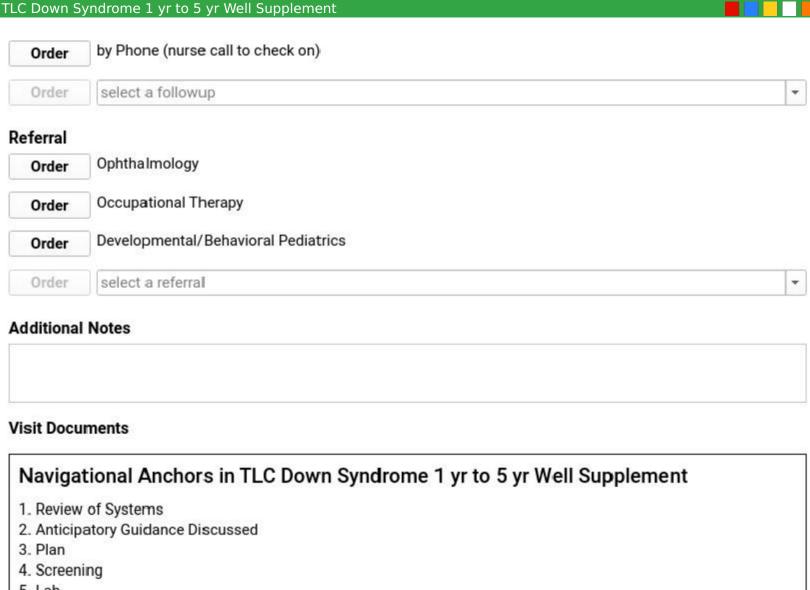
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0	0	0	Advise risk of some contact sports, trampolines	
		~	notes	
0	0	0	At 30 months, discuss transition to preschool and development of IEP	
57.00		100	notes	
0	0	0	Discuss behavioral and social progress	
			notes	
Ves	No	N/A		
0	0	0	Reassure regarding delayed and irregular dental eruption	
			notes	
0	0	0	Establish optimal dietary and physical exercise patterns	
			notes	
0	0	0	add item	
			notes	
Se	lect		isk of recurrence of Down syndrome	
Se	lect	uss r	isk of recurrence of Down syndrome	
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Se	lect Discu	uss r	isk of recurrence of Down syndrome ation, evaluate for limited diet or fluids, hypotonia, hypothyroidism, GI malformation, Hirschsprung)
Se	lect Discu note f cou	uss r	ation, evaluate for limited diet or fluids, hypotonia, hypothyroidism, GI malformation, Hirschsprung)
Se	lect Discu note f cou	uss r	•)
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own Syndr	ome 1 yr to 5 yr Well Supplement								
Sleen st	tudy by age 4								
notes	ady by age 4								
	pedi ophtho or ophtho with experience with Down syndrome (annually 1-5 y; every 2 yrs 5-13 yrs;	every :							
yrs 13-2	i yrs)								
	Check for sx of celiac disease; if sx present, obtain tissue transglutaminase IgA and quantitative IgA								
	ECI - PT, OT, ST								
notes									
If chron	If chronic cardiac or pulmonary disease, give 23-valent pneumococcal vaccine at age > 2 years								
notes									
add ite	m								
notes									
Order	select a screening								
Lab	Print Labels Generate R	Requisit							
Order	Hemoglobin (In Office)								
Order	C Reactive Protein								
Order	Ferritin								
Order	TSH								
Order	select a lab								
Radiology	Generate R	Requisit							
Order	Cervical Spine Xray								
Order	select a radiology								
Followup									
Followup Order	Next well visit								

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5. Lab

6. Radiology

7. Followup

8. Referral

9. Prescriptions

10. Visit Documents

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