

Medical Interview Template

Chief complaint:

Summary of problem list:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

FOR EACH PROBLEM:

Review status of medical issues/ subspecialty appointments:

Interim History / Parental Concerns:

Medications (include dosages):

Hospitalizations/ ER visits since last visit:

Review of Systems

General

Respiratory

Nutrition

CV

Ears

GI

Eyes

Urinary

Nose

Musculoskeletal

Mouth

Skin

Teeth

Neuro

Feeding

Method: by mouth _____
other (g-tube, ng tube, etc) _____
Details if needed:

Difficulty feeding? No ___ Yes ___ (Describe e.g. choking/ gagging):

Types of food:

Feeding schedule:

Developmental abilities

Gross Motor

Fine Motor

Cognitive/ Social

Language

Activities of daily living – How does your child:

Communicate?

Bathe?

Toilet?

Dress?

Community Resources (review the resources that the family has in place already)

Therapy: PT
OT
Speech
Other (Describe)

School name:

Address/location:

Type of school or classroom(e.g. special education, learning support, life skills):

IEP Yes ___ Date written or revised _____ No ___
504 Plan Yes ___ Date written or revised _____ No ___

Home nursing? Y/N Hours per week ? Skilled or home health aid?

Other services?

Are these services meeting your needs?_Yes ___ No___ (Give details)

Specialized Equipment (e.g. wheelchair, bath chair, walker, g-tube supplies)?

Transportation to and from medical appointments (e.g. public transportation, car, medical transportation, ambulance)?

Social History (Note: highlight the stress of the child's illness on the other members of the family)

Family History Updates: