

Office Use Only

VFC: [ ] MDD/DKC  
[ ] Native  
[ ] NO Insurance  
[ ] Not Eligible

INSURANCE Notes



# Acute Appointment

Office Use Only

WT: \_\_\_\_\_ lb  
\_\_\_\_\_ kg  
Temp: \_\_\_\_\_  
Pain Scale: \_\_\_\_\_

Child's name:

\_\_\_\_\_

Child's birthday:

\_\_\_\_\_

What is your concern today regarding your child? \_\_\_\_\_

## Symptoms

Fever yes/no. If yes, how long? \_\_\_\_\_  
Nasal discharge yes/no. If yes, how long? \_\_\_\_\_  
Nasal congestion yes/no. If yes, how long? \_\_\_\_\_  
Cough yes/no. If yes, how long? \_\_\_\_\_  
Sore throat yes/no. If yes, how long? \_\_\_\_\_  
Rash yes/no. If yes, how long? \_\_\_\_\_

## Other symptoms

Headache yes/no. If yes, how long? \_\_\_\_\_  
Eye discharge yes/no. If yes, how long? \_\_\_\_\_  
Earache/ear pulling? yes/no. If yes, how long? \_\_\_\_\_  
Decreased appetite yes/no. If yes, how long? \_\_\_\_\_  
Vomiting yes/no. If yes, how long? \_\_\_\_\_  
Abdominal pain yes/no. If yes, how long? \_\_\_\_\_  
Diarrhea yes/no. If yes, how long? \_\_\_\_\_  
Urinary symptoms yes/no. If yes, how long? \_\_\_\_\_  
Muscle aches yes/no. If yes, how long? \_\_\_\_\_

Does your child have any chronic medical problems? Yes/no. If yes, please explain. \_\_\_\_\_

Is your child taking any daily prescribed medications? Yes/no. If yes, please explain. \_\_\_\_\_

Is your child taking any over-the-counter cold medications? Yes/No. Motrin or Tylenol? Yes/No

Does your child have a medication allergy? Yes/no. What medication/reaction? \_\_\_\_\_

Has your child been admitted to the hospital overnight? Yes/no. If yes, please explain. \_\_\_\_\_

Does your family have any pets? Yes/no. please circle: dog/cat/other \_\_\_\_\_

Has your child been exposed to someone with similar symptoms? Yes/no, who? \_\_\_\_\_

Has your child had any surgeries? Yes/no. If yes, please explain. \_\_\_\_\_

Does anyone in the family have:

Asthma? Yes/no please circle: father/mother/sibling

Seasonal allergies? Yes/no please circle: father/mother/sibling

Does anyone in the family smoke? Yes/no

Does your child attend daycare / preschool / school? (please circle) What grade in school? \_\_\_\_\_

Are your child's immunizations up-to-date? Yes/no. If no, please explain. \_\_\_\_\_

This form completed by: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_