

Company Name:

Performing Provider:

PATIENT NAME, ____yrs ____gender,

DOB: ____ **Visit Date:** ____

Visit Location:

Address:

Phone (Primary):

NOV: Initial

SSN: n/a

Insurance: Self

Phone (Secondary): n/a

Email: n/a

Reason for Visit

The patient is a year old child with a diagnosis of . Palliative Care has been asked to see him/her by to address symptoms related to the condition and assist in supporting the family making complex medical decisions.

Care Team: *Palliative Care Provider:*

Primary Care Provider:

Specialists involved:

Intake

Allergies

No known active allergies

Medications

oxyCODONE 5 mg/5 mL oral solution: 1 milliliter once a day for 30 days

Percocet 7.5 mg-325 mg tablet: 1 tablet once a day, Prescribed Date: 11/06/2023

acetaminophen 500 mg tablet: 1 tablet every 6 hours prn, Prescribed Date: 07/30/2024

Scot-Tussin Expectorant 100 mg/5 mL oral liquid: 10 milliliter q6h prn, Prescribed Date: 07/30/2024

Milk of Magnesia 400 mg/5 mL oral suspension: 30 milliliter q24 hr prn for 1 days, Prescribed Date: 07/30/2024

RisperDAL 0.5 mg tablet: 1 tablet 2 times a day for 3 days, Prescribed Date: 10/17/2023

antacid M 200 mg-200 mg-20 mg/5 mL oral suspension: 30 milliliter q6h prn, Prescribed Date: 07/30/2024

sennosides 8.6 mg tablet: 1 tablet daily prn, Prescribed Date: 07/30/2024

lisinopriL 20 mg tablet: 1 tablet 2 times a day for 23 days with meals, Prescribed Date: 07/07/2023

Miralax 17 gram oral powder packet: 17 grams daily prn, Prescribed Date: 07/30/2024

morphine concentrate 100 mg/5 mL (20 mg/mL) oral solution: 5 milliliter every 2 hours as needed for dyspnea for 30 days, Prescribed Date: 07/26/2023

loperamide 2 mg capsule: prn, Prescribed Date: 07/30/2024

memantine 5 mg tablet: 1 tablet twice daily for 30 days for dementia, Prescribed Date: 07/31/2023

Problems

Opioid use agreement exists Z79.891 (V58.69): Onset Date: 07/16/2024
Type 2 DM mild nonproliferative retinopathy, no macular edema, control E11.3299 (250.50): Onset Date: 02/02/2024
Atrial fibrillation I48.91:
Alzheimer's dementia with agitation G30.9 (331.0): Onset Date: 08/28/2023
No Diagnosis 000.0: Onset Date: 08/18/2023
Psychosocial problem Z65.9: Chronic, Onset Date: 08/15/2023, GAD, ADD
Pneumonia J69.0: Onset Date: 07/26/2023
COPD (chronic obstructive pulmonary disease) J44.1:
Type 2 diabetes, controlled, with neuropathy E11.40:
History of CVA (cerebrovascular accident) Z86.73: Onset Date: 07/07/2016, Resulting R sided hemiparesis
Dementia F03.90 (294.20): Onset Date: 07/21/2023

History of Present Illness

Collaboration: Other organizations involved in Care .

Advance Directives

Code Status
Health Care Surrogate
Durable POA
Phone Relationship
MOST Form - date completed []
MOST Form details:

Past Medical History

..
Other: Immunizations:
MMR
Hep B
TDap
Meningitis

Spiritual Assessment

...

Family History

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Social History

Parents : __ work status:

Siblings: sisters, brothers ages ____
other family members involved in care
School:
Activities:

Current Diet: *G tube enter type feeding: with ml bolus feeds times daily and ml/hr overnight*

 **Functional Status**

PPS Level:

Include current functional level & current DME:
PT/OT/ST:
Gestational age at birth birth weight (if indicated) Percentile:
Developmental level:
Motor:
Neuro:
Physical:

 **Neurological status**

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 **Review of Systems**

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GU Symptoms: *Diapers:*
Toilet Trained:

 **Intake**

Vital Signs
No Vital Signs captured during this encounter

 **Physical Exam**

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General Appearance: alert; not disoriented; in no acute distress;
Eye Exam: conjunctiva normal; sclera normal;
Ear Exam: hearing loss;
Nose: nasal mucosa normal;
Cardiovascular Exam: heart rate and rhythm normal; no murmur;
Respiratory: lungs clear to auscultation bilaterally; unlabored respiration; accessory muscles not used during expiration; no abnormal breath sounds; no rales; no rhonchi; not wheezing;

Extremities: no pitting edema;
Abdominal Exam: bowel sounds normal;
Neurological Exam: no tremor;
Psychiatric Exam: not guarded; affect normal;
Skin Exam: no skin lesions;

 **Medical Treatment Goals**

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Psychosocial: ..

Next Appt: *Next visit with patient is in _ wks.*

 **Time Spent**

Time in Time Out

Total time for today's visit was ____ hour(s) ____ minutes; this time was spent evaluating, treating, managing and documenting care for the diagnoses listed above. All elements reviewed.

Thank you for the opportunity to be involved in this patient's care. Please feel free to call me at 828-692-6178 with any questions.
