



29964

id

ID

date

Date   /   /

# CCAAPS PHYSICAL EXAMINATION FORM

## Second Year

Blood Pressure	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	Temperature	<input type="text"/>	<input type="text"/>	F	Weight	<input type="text"/>	<input type="text"/>	lbs
	<i>blood_pressure_1</i>			<i>blood_pressure_2</i>			<i>temperature</i>			<i>weight</i>			
Respiratory Rate	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	Pulse	<input type="text"/>	<input type="text"/>	bpm	Length	<input type="text"/>	<input type="text"/>	in
	<i>respiratory_rate</i>					<i>pulse</i>				<i>length</i>			



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Indicate normal/abnormal for each body region. Answer questions indicated under each body region. For skin abnormality, refer to eczema severity index form. Answer all questions under asthma severity.

<b>EYES</b>	NORMAL	ABNORMAL	eyes
<b>EARS</b>	NORMAL	ABNORMAL	ears
<b>NOSE</b>	NORMAL	ABNORMAL	nose
<b>THROAT</b>	NORMAL	ABNORMAL	throat
<b>NECK</b>	NORMAL	ABNORMAL	neck
<b>LUNGS/CHEST</b>	NORMAL	ABNORMAL	lungs - chest
<b>HEART</b>	NORMAL	ABNORMAL	heart
<b>ABDOMEN</b>	NORMAL	ABNORMAL	abdomen
<b>SKIN</b>	NORMAL	EVIDENCE OF ATOPIC ECZEMA (Erythema, papulation, excoriations, lichenification)	skin
<b>ALL NORMAL</b>	ALL ABOVE IS NORMAL		skin-2

### ASTHMA SEVERITY

Child talks in:

 No

 Yes

Sentences

talks - sentences

 No

 Yes

Phrases

talks - phrases

 No

 Yes

Words

talks - words

 No

 Yes

Babbles

talks - babbles

*asthma-severity-all*  
 Child showing no signs of breathlessness, wheezing, use of accessory muscles, decreased alertness or respiratory distress.

Breathlessness:

 No

 Yes

While walking (infant crawling)

breathless - walking  
breathless - talking

 No

 Yes

While talking (infant-softer shorter cry; difficulty feeding)

 No

 Yes

While at rest (infant-stops feeding)

breathless - rest

Alertness:

 No

 Yes

May be agitated

alert - may be - agitated

 No

 Yes

Usually agitated

alert - usually - agitated

 No

 Yes

Drowsy or confused

alert - drowsy - confused

Use of accessory muscles; suprasternal retractions:

 No

 Yes

Rarely

accessory - rarely

 No

 Yes

Commonly

accessory - commonly

 No

 Yes

Usually

accessory - usually

Wheeze:

 No

 Yes

Moderate, often only end expiratory

wheeze - moderate

 No

 Yes

Loud, throughout exhalation

wheeze - loud

 No

 Yes

Usually loud, throughout exhale and inhale

wheeze - usually

Food allergy SPT positive at previous visit?

- No
- Yes

food\_spt\_pos

Food allergy diagnosed elsewhere?

- No
- Yes

food\_spt\_pos-2

If yes:

Where was child diagnosed? (outside clinic only)

food\_pos\_else\_where

To what foods was child diagnosed? (outside clinic only)

No Yes

Egg

food\_report\_egg-2

Milk

food\_report\_milk-2

Nut

food\_report\_nut-2

Other

food\_report\_other\_desc-2

food\_report\_other-2

Parent reporting allergic symptoms to a food?

No

Yes (if yes, what are the foods?)

food\_report\_pos

No Yes

Egg

food\_report\_egg

Milk

food\_report\_milk

Nut

food\_report\_nut

Other

food\_report\_other\_desc

food\_report\_other

Other positive allergy diagnosed elsewhere?

No

Yes If yes:

other\_spt\_elsewhere

Where was child diagnosed? (outside clinic only)

other\_pos\_elsewhere

To what was child diagnosed? (outside clinic only)

Cats

cats\_baby

Dogs

dogs\_baby

Cockroaches

cockroaches\_baby

Ragweed

ragweed\_baby

Pollen

pollen\_baby

Mold Spores

mold\_spores\_baby

Dust (Dust Mites)

dust\_dustmites\_baby

Latex

latex\_baby

Other

other\_baby

Don't Know

dont\_know\_baby

child\_diag\_pos\_elsewhere

PHYSICIAN'S DIAGNOSIS:

Atopic Dermatitis:

- Unlikely
- Possible
- Probable
- Definitive

atopic-dermatitis

Allergic Asthma:

- Unlikely
- Possible
- Probable
- Definitive

allergic-asthma

Allergic Rhinitis:

- Unlikely
- Possible
- Probable
- Definitive

allergic-rhinitis

Food Allergy:

- Unlikely
- Possible
- Probable
- Definitive

food-allergy

INDIVIDUAL BODY REGION QUESTIONS.

EYES:

No Abnormalities

eye-no-abnormal

- No  Yes
- No  Yes
- No  Yes
- No  Yes
- No  Yes
- No  Yes

- Watery Discharge? eyes-watery
- Lid edema? eyes-lid-edema
- Conjunctival Injection? eyes-conjunctival
- Child appear to be itching eyes? eyes-itching
- Allergic shiners? eyes-shiners
- Other eyes-other-desc

eyes-other

EARS (Tympanic Membranes):

No Abnormalities

ear-no-abnormal

- No  Yes
- No  Yes
- No  Yes
- No  Yes

- Dull? ears-dull
- Effusion? ears-effusion
- Erythema? ears-erythema
- Discharge? ears-discharge

ears-air-fluid → Air-fluid Level

- No  Yes

Other ears-other-desc

ears-other

NOSE:

- No  Yes

Crease present? nose-crease

No Abnormalities

nose-no-abnormal

Turbinates:

- No  Yes
- No  Yes
- No  Yes
- No  Yes
- No  Yes
- No  Yes

- Edema? nose-edema
- Pale? nose-pale
- Erythema? nose-erythema
- Discharge? nose-discharge
- If Yes:  Clear  Mucoid
- Polyps present? nose-polyps
- Other nose-other-desc

nose-other

LUNGS/CHEST:

No Abnormalities

lungs-no-abnormal

- No  Yes
- No  Yes
- No  Yes
- No  Yes
- No  Yes
- No  Yes

- Asymmetrical Expansion? lungs-asymmetrical
- Crackles? lungs-crackles
- Coarse Ronchi? lungs-coarse-ronchi
- Wheezing? lungs-wheezing
- Stridor? lungs-stridor
- Other lungs-other-desc

lungs-other

THROAT:

No Abnormalities

throat-no-abnormal

- No  Yes
- No  Yes
- No  Yes
- No  Yes
- No  Yes

- Erythema? throat-erythema
- Post nasal drainage? throat-post-nasal
- Hyperemia? throat-hyperemia
- Cobblestoning? throat-cobblestoning
- Other throat-other-desc

throat-other

NECK:

No Abnormalities

neck-no-abnormal

- No  Yes
- No  Yes
- No  Yes

- Cervical Lymphadenopathy? neck-cervical
- Thyroid Enlargement? neck-thyroid-enlargement
- Other neck-other-desc

neck-other

INDIVIDUAL BODY REGION QUESTIONS. ANSWER ONLY IF ABNORMAL. (cont.)

HEART:  Normal S1 & S2 with no murmurs *heart\_no\_abnormal*

Describe Abnormalities: (Please Print)

*heart\_desc*

ABDOMEN:  Non-tender with no masses *abdomen\_no\_abnormal*

Describe Abnormalities: (Please Print)

*abdomen\_desc*

SKIN:  No lesions, warm and dry *skin\_no\_abnormal*

Describe Abnormalities: (Please Print)

*skin\_desc*

Investigator's Global Assessment (Check one only)

- Clear (no inflammatory signs of Atopic Dermatitis)
- Almost clear (just perceptible erythema, and just perceptible infiltration/papulation)
- Mild disease (mild erythema and mild papulation/infiltration) *skin\_global*
- Moderate disease (moderate erythema and moderate papulation/infiltration)
- Severe disease (severe erythema and severe papulation/infiltration)
- Very severe disease (severe erythema and severe papulation/infiltration with oozing and crusting)

If Eczema: Was it on the: (no answer required if not present)

- | No                       | Yes                      |                   |                           |
|--------------------------|--------------------------|-------------------|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Head/Neck         | <i>eczema_head</i>        |
| <input type="checkbox"/> | <input type="checkbox"/> | Upper Extremities | <i>eczema_upper_limbs</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Trunk             | <i>eczema_trunk</i>       |
| <input type="checkbox"/> | <input type="checkbox"/> | Lower Extremities | <i>eczema_lower_limbs</i> |

OVERALL CLINICAL IMPRESSION:

Allergic disorder?

- No
- Yes

allergic\_disorder

IF YES, list diagnosis.

- 1.  Allergic Rhinitis
- 2.  Atopic Dermatitis
- 3.  Asthma with Allergy Component

overall\_allergic\_rhinitis

allergic\_disorder\_2

overall\_atopic\_dermatitis

overall\_asthma\_with\_allergy

4.

allergic\_disorder\_yes\_1

5.

allergic\_disorder\_yes\_2

6.

allergic\_disorder\_yes\_3

TREATMENT RECOMMENDATIONS:

Environmental control measures?

- No
- Yes

env\_control\_measures

IF YES, list.

- 1.  Hepa Filter
- 2.  Frequent Vacuuming and Dusting
- 3.  Avoidance Measures

overall\_hepa\_filter

overall\_frequent\_vacuuming

overall\_avoidance\_measures

env\_controls\_measures\_choices

4.

env\_control\_measures\_yes\_1

5.

env\_control\_measures\_yes\_1\_2

6.

env\_control\_measures\_yes\_1\_3

Physician referred?

- No
- Yes

physician\_referred

IF YES, referral name and specialty.

physician\_referred\_yes

Pediatrician

referred-pediatrician

Allergist

referred-allergist

Ear Nose and Throat

referred\_ear\_nose\_and\_throat

Family Physician

referred\_family\_physician

physician\_referred\_specialty

Medications?

- No
- Yes

medications

IF YES, list.

EpiPen Jr

medications\_epipen (epipen\_jr)

1.

medications\_yes\_1

2.

medications\_yes\_2

3.

medications\_yes\_3

4.

medications\_yes\_4

Follow up visit?

- 1 year
- other

followup\_visit\_other

followup\_visit



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## Directions to SPT Administrator From Physician

Child to see physician after SPT administered?

No

Yes

*child-see-phys*

Child has history of food allergy?

No

Yes

*child-food-history*

**IF CHILD HAS HAD A PREVIOUS POSITIVE SPT TO MILK OR EGG (AT THIS CLINIC OR OUTSIDE CLINIC) AND PARENT REPORTED ALLERGIC SYMPTOMS TO THAT ALLERGEN THEN DO NOT TEST FOR THAT SPECIFIC ALLERGEN.**

**If child has had a previous positive spt to milk or egg and the parent did not report allergic symptoms to that allergen then testing is permitted for that specific allergen.**

Indicate below if milk or egg should be tested.

Milk

No

Yes

*test-for-milk*

Egg

No

Yes

*test-for-egg*

Signature

*signature*

Date

*signature\_date*  
[ ] [ ] / [ ] [ ] / [ ] [ ]