Naval Hospital Bremerton Pediatric Outpatient Visit	**Date:**	**Appt Time:**	**Check In Time:**	**Patient's Age:**

Chief Complaint:

DEPLOYMENT RELATED?
YES / NO / MAYBE

History of Present Illness:

□ Continued on Reverse

Medications: □ None

Allergies: □ NKDA

Immunizations: □ UTD
□ Not UTD
□ Unknown

Review of Systems: □ Negative

Growth/Development: □ Normal

Past Medical History: □ Unremarkable

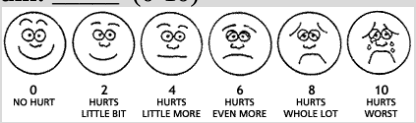
Family History: □ Non-contributory

Social History: □ Lives with parent
□ In Child Care
□ Household Smokers

Growth Parameters:
Weight: _____ kg _____ lb □ N/A
Length: _____ cm _____ in □ N/A
OFC: _____ cm _____ in □ N/A

Vital Signs: □ N/A
Temp: _____ HR: _____
RR: _____ BP: _____
O2 Sat: _____

Pain: _____ (0-10)



The patient/caregiver acknowledges understanding of the presented information.
BARRIERS TO LEARNING:
□ NONE □ PHYSICAL
□ EMOTIONAL □ COGNITIVE

PHYSICAL EXAMINATION

	Nl	Abn
GEN:	□	□
HEENT:	□	□
Neck:	□	□
Chest:	□	□
CV:	□	□
Abdomen:	□	□
Skin:	□	□
Neuro:	□	□
Ext:	□	□

Other:

Studies (e.g. labs, XRAYS):

□ Continued on Reverse

Assessment

□ Continued on Reverse

Plan

□ Continued on Reverse

Follow-up: □ if symptoms persist or worsen
□ in _____ days □ in _____ weeks □ in _____ months

Examiner's Signature/Name Stamp

PATIENT'S IDENTIFICATION
(Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT: NH Bremerton Clinic: ☐ Pediatrics ☐ FP ☐ FP-Bangor ☐ Other ☐

PATIENT NAME (Last, First, Middle initial)		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		UNIT
DEPART./SERVICE	DATE OF BIRTH	