

# Richmond Pediatric and Adolescent Medicine

Pt Name: Leila Flanagan  
Pt. DOB: 6/4/09

Date: 5/2/22 12 yo (almost 13)  
Pre-adolescent check-up:

Sports: chest pain with exertion? ☒  
shortness of breath with exertion? ☒  
fainting / blackouts? ☒  
family history sudden cardiac death? ☒

→ PGP MI 45 but lived much later  
dad HLD 30s  
HLD MOM 50s  
→ screen when post-puberty  
Vision: Rt 20/20 Lt 20/20 - reports "fuzzy" vision

## Objective:

	500 Hz	1000 Hz	2000 Hz	4000 Hz	6000 Hz
R	db	db	db	db	db
Lt	db	db	db	db	db

Hearing tested last yr.  
No concerns

## Physical Exam:

RR: 110/14 Pulse: 110/14 Temp: 37.8  
(√ = normal) Wt: kg 132 lb 8 oz Ht / L: 63 cm 5'4" in BMI: 22.8 % ile  
70 % ile 75 % ile 85-90

## Abnormalities:

### General Appearance

Eyes	Conjunctivae clear <input checked="" type="checkbox"/> PERRL <input checked="" type="checkbox"/> EOMI <input checked="" type="checkbox"/> Fundoscopic disc margins sharp <input checked="" type="checkbox"/> vessels <input checked="" type="checkbox"/>
Ears	Rt canal <input checked="" type="checkbox"/> TM translucent <input checked="" type="checkbox"/> landmarks <input checked="" type="checkbox"/> Lt canal <input checked="" type="checkbox"/> TM translucent <input checked="" type="checkbox"/> landmarks <input checked="" type="checkbox"/>
Nose	patent nares <input checked="" type="checkbox"/> mucosa <input checked="" type="checkbox"/>
Oropharynx	mucosa <input checked="" type="checkbox"/> teeth <input checked="" type="checkbox"/> tonsils <input checked="" type="checkbox"/> <u>swallowing</u>
Neck	lymph nodes <input checked="" type="checkbox"/> thyroid <input checked="" type="checkbox"/>
Breast	nipples <input checked="" type="checkbox"/> Tanner stage: <u>4</u> masses? <input checked="" type="checkbox"/>
Lungs	clear throughout <input checked="" type="checkbox"/>
Cardiovascular	Rhythm regular <input checked="" type="checkbox"/> S1 <input checked="" type="checkbox"/> S2 splits <input checked="" type="checkbox"/> Murmur? <input checked="" type="checkbox"/> pulses without radial / brachial - femoral delay <input checked="" type="checkbox"/>
Abdomen	bowel sounds <input checked="" type="checkbox"/> absence of bruit <input checked="" type="checkbox"/> soft <input checked="" type="checkbox"/> nondistended <input checked="" type="checkbox"/> nontender <input checked="" type="checkbox"/> mass? <input checked="" type="checkbox"/> palpable liver? <input checked="" type="checkbox"/> spleen? <input checked="" type="checkbox"/> kidneys? <input checked="" type="checkbox"/> <u>spleen tip only</u>
Inguinal	nodes <input checked="" type="checkbox"/>
Genitourinary / Perineal	testes <input checked="" type="checkbox"/> penis <input checked="" type="checkbox"/> labia <input checked="" type="checkbox"/> hymen <input checked="" type="checkbox"/> Tanner stage: <u>4</u> anus <input checked="" type="checkbox"/>
Musculoskeletal	Gait <input checked="" type="checkbox"/>
Spine	scoliosis? equal leg lengths <input checked="" type="checkbox"/>
Neurologic	UE /4; LE /4; symmetric?
DTR's	finger -> nose <input checked="" type="checkbox"/> heel -> toe gait <input checked="" type="checkbox"/> Rhomberg <input checked="" type="checkbox"/>
Cerebellar	
Integument	hair <input checked="" type="checkbox"/> nails <input checked="" type="checkbox"/> skin <input checked="" type="checkbox"/> <u>petechiae, bruising</u>

Slight ↓ size / stable from last exam, less tender

chaperone offered, patient declined

Keep apt  
US Thurs  
P/U result  
eval size + appearance  
for reassurance  
LFTs prev N  
CBC not yet  
evaluated

## Impression:

Growth normal ☒  
Fit for competitive sports ☒  
Limitations? ☒

Plan: Immunizations: UTD ☒ HPV #1  
Medications:  
Follow-up: 1 mo (anxiety)

declined → defer until 13y wcc

*[Signature]*

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12 yo (almost 13)

Pre-adolescent check-up:

Accompanied by: mom + dad - met together + alone

Concerns:

- cough lingering, runny nose, restart claritin? hx helping  
in spring - fall, ran out so didn't restart

(Back to back viral URI w/ allergic rhinitis, restart Claritin d x 2 weeks, if  
stopped albuterol

- anxiety (see below)

yogurt

increased

helps, cont  
thru allergy season)

Diet: fruits ☒ vegetables ☒ dairy ☒ meats ☒ How much milk per day? % fat     

Teeth: brushing 2 x/day; flossing ☐ dentist ☒ Pain anywhere?

Elimination:      braces tightened Sleep:      hours/night

Development: School: grade 7 happy with grades? teacher - science favorite

Behavior problems?

Extracurricular / hobbies draw, slime, theater

Exercise run, skateboard, bike

Television/computer:      hrs/day phone, watch, iPad, TV  
re path

Safety: seat belt ☐ helmet ☒ gun contact ☐ sunscreen ☐

Social: Family Changes?      Fri-Fri alternate weeks Friends yes

treated disrespectfully by anyone?

disrespectful towards anyone?

Moods: thoughts about hurting self?     , PSI

PHQ9 = 19 = moderately severe depression

GAD7 = 21 = severe anxiety

Puberty: changes? breast + pubic hair ~1-2 years ago Menarche: not yet  
sources of information: mom

Substance abuse: cigarettes? other substances?

Anxiety - moods - happy, anxious + nervous  
sometimes sad + upset

~12y Therapist Rebecca Ruid today last  
Thurs mom

(+) new panic attacks few months  
~1x every few weeks

dad's house or going there  
or mom

current goals  
calming + breathing exercises  
meet q/mom

- Severe situational anxiety triggered by parental conflict, esp at dad's house.

Discussed med option - not interested at this time, esp Ed (concern developing brain + not needed).

Cont weekly therapy → CBT for skin picking + panic attacks. Continue "foolkit" like slime  
+ have at both houses. Relaxation + Stress Reduction Workbook. Parents need to cooperate. Flu in Imo.

Time spent: 2 hours - > 1h beyond wcl.

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(NOT TO BE COPIED)

Medications: Claritin 10 mg daily not

Allergies (new): Osco Water yet this year

helps, cont  
thru allergy season)

Screen rules  
dad - not in bedroom,  
not after dinner,  
avoid certain apps  
mom - not bedtime

## Generalized Anxiety Disorder 7-Item (GAD-7) Scale

Name: HIC

Date: \_\_\_\_\_

Over the last 2 weeks, how often have you been bothered by the following problems?

	Not At All	Several Days	Over Half the Days	Nearly Every Day
1. Feeling nervous, anxious, or on edge	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3
2. Not being able to stop or control worrying	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3
3. Worrying too much about different things	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3
4. Trouble relaxing	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3
5. Being so restless that it's hard to sit still	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3
6. Becoming easily annoyed or irritable	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3
7. Feeling afraid as if something awful might happen	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3

Add Scores for Each Column

Total Score (Sum of Column Scores)

☐ + ☐ + ☐ + ☐

All (21)

If any of the above problems were identified, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

☐ Not Difficult At All   
 ☐ Somewhat Difficult   
 ☐ Very Difficult   
 ☒ Extremely Difficult

16

*[Handwritten signature]*



# MODIFIED PATIENT HEALTH QUESTIONNAIRE-9

Name: Leila Flanagan Clinician: Dr. Andrea Tidman Date: 5/2/22

Instructions: How often have you been bothered by each of the following symptoms during the past two weeks? For each symptom put an "X" in the box beneath the answer that best describes how you have been feeling.

	Not At All (0)	Several Days (1)	More Than Half The Days (2)	Nearly Every Day (3)
1. Feeling down, depressed, irritable, or hopeless?			X	
2. Little interest or pleasure in doing things?		X		
3. Trouble falling asleep, staying asleep, or sleeping too much?				X
4. Poor appetite, weight loss, or overeating? <i>When nervous to do things like go to school</i>				X
5. Feeling tired, or having little energy?				X
6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?		X		
7. Trouble concentrating on things like school work, reading, or watching TV?				X
8. Moving or speaking so slowly that other people could have noticed?  Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?				X
9. Thoughts that you would be better off dead, or of hurting yourself in some way?	X			

In the past year have you felt depressed or sad most days, even if you felt okay sometimes?

☒ Yes ☐ No *maybe half. mostly when at my dad's.*

(19)

If you are experiencing any of the problems on this form, how **difficult** have these problems made it for you to do your work, take care of things at home or get along with other people?

☐ Not difficult at all ☐ Somewhat difficult ☒ Very difficult ☐ Extremely difficult

Has there been a time in the past month when you have had serious thoughts about ending your life?

☐ Yes ☒ No

Have you **EVER**, in your **WHOLE LIFE**, tried to kill yourself or made a suicide attempt?

☐ Yes ☒ No

\*\*If you have had thoughts that you would be better off dead or of hurting yourself in some way, please discuss this with your Health Care Clinician, go to a hospital emergency room or call 911.

Office use only: Severity score:

*[Signature]*

Modified from the PHQ-9 [Modified from PRIME-MD PHQ-9 © Copyright© 1999 Pfizer Inc. (Spirzer et al, JAMA, 1999)], Revised PHQ-A (Johnson, 2002), and the Columbia DDS (DISC Development Group, 2000)