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? ø
shortness of breath with exertion? ø
fainting / blackouts? ø
family history sudden cardiac death? → PGP MI 45 but tired much later; dad HLD 30s; MGM 50s HLD
↳ 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:___ Pulse:___ BP: 110/74 Temp:___
(√ = normal) **Wt:** ~~kg~~ 132 lb 8 oz 90 % ile **Ht / L:** 63 ~~cm~~ 3/4 in 75 % ile **BMI:** 22.8 % ile 85-90

Abnormalities:

General Appearance

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

Slight ↓ size/ stable from last exam, less tender

↳ keep apt (US Thurs) f/u result eval size + appearance for reassurance (LFTs prev N CBCd not yet evaluated

chaperone offered, patient declined

Impression:
Growth normal ☑
Fit for competitive sports ☑
Limitations? ø

Plan: Immunizations: UTD ☐ ~~ø~~ HPV #1 declined → defer until 13y WCC
~~Medications~~:
Follow-up: 1 mo (anxiety)

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:
Accompanied by: mom + dad – met together + alone

CONFIDENTIAL
(NOT TO BE COPIED)

Concerns:
- cough lingering, runny nose, restart claritin?, hx helping in spring–fall, ran out so didn't restart
(Back to back viral URI vs allergic rhinitis, restart Claritin d x 2 week, if helps, cont thru allergy season)
stopped albuterol
- anxiety (see below)

Medications: Claritin 10 mg daily – not yet this year
Allergies (new): ☑ Osco Waterproof needs refill

Diet: fruits ☑ vegetables ☑ dairy ☑ yogurt meats ☑ How much milk per day? in cereal % fat __

Teeth: brushing 2 x/ day; flossing ☐ dentist ☑ braces tightened
Elimination:
Pain anywhere?
Sleep: __ hours/night

Development: School: grade 7th Stowe Middle ~~Classes~~ 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
rec path

re: focused screen time
Screen rules
dad – not in bedroom, not after dinner, avoid certain apps
mom – not bedtime

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? ✓, ∅ SI
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, sometimes anxious + nervous & sad + upset
worsening past few months / especially at dad's + (step mom + half sibs x2)
i.e. leg hurt, text mom – want reassurance, don't get it always
dad: complain above, wants reassurance
- less freedom, different rules, specific friends only
- ↑ stress – bring clothes + stuffed animal from mom's, always brought up + "why"
↓ but also mom's – (step dad + step sister Maine)
- mostly somatic/physical complaints

~1-2y therapist Rebecca Rud Thurs + Mon today last
⊕ excoriation disorder
└ pick nails + ~~pull hair~~ scabs + hairline
helps – shampoo, polish, fidgets, slime
⊕ new panic attacks few months
~1x every few weeks
dad's house or going there or mom

FHx
cousin – OCD, anxiety – sertraline
aunt – sertraline

current goals
calming + breathing exercises
meet q... ~~...~~

- 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 "toolkit" like slime + have at both houses. ~~Relaxation~~ + Stress Reduction Workbook. Parents need to ultimately coparent. F/u in 1mo.

Time spent: 2 hours – >1h beyond WCC.

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

Name: Hi 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	☐ 0	☐ 1	☐ 2	☒ 3
2. Not being able to stop or control worrying	☐ 0	☐ 1	☐ 2	☒ 3
3. Worrying too much about different things	☐ 0	☐ 1	☐ 2	☒ 3
4. Trouble relaxing	☐ 0	☐ 1	☐ 2	☒ 3
5. Being so restless that it's hard to sit still	☐ 0	☐ 1	☐ 2	☒ 3
6. Becoming easily annoyed or irritable	☐ 0	☐ 1	☐ 2	☒ 3
7. Feeling afraid as if something awful might happen	☐ 0	☐ 1	☐ 2	☒ 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

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? When nervous to do things I like go to gym				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?
[X] Yes [ ] No Maybe half. Mostly when on my period. (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 [X] Very difficult [ ] Extremely difficult

Has there been a time in the past month when you have had serious thoughts about ending your life?
[ ] Yes [X] No

Have you EVER, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?
[ ] Yes [X] 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:

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