



30365

PHYSICAL EXAM MUST BE DONE BEFORE SPT

yr7P-INI

ID

yr7P-ID

Child's Initials (F M L)

Date / /
Mo. Dy. Yr.

yr7P-date

Child's Birthday / /
Mo. Dy. Yr.

yr7P-dob

CCAAPS PHYSICAL EXAMINATION FORM : Seven Year Olds

Blood Pressure / *yr7P-bp1* Temperature °F *yr7P-temp* Weight lbs *yr7P-weight*

Respiratory Rate bpm *yr7P-resp* Pulse bpm *yr7P-pulse* Height in *yr7P-height*

Do not leave any blank as we are studying weight and asthma.

Directions: Measure waist across the navel: in. *yr7P-nav*

Measure across the hip: in. *yr7P-hip*

Measure chest across the nipples: in. *yr7P-nip*

1. What medications are your child currently on?

include Name of Medication, Condition, Dosage, Start Date(Mo., Yr.), and Date Last Used(Mo., Yr.).

- 1a. *yr7P-1a*
- 1b. *yr7P-1b*
- 1c. *yr7P-1c*
- 1d. *yr7P-1d*

2. 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.

EYES	NORMAL	ABNORMAL	<i>yr7P-2-eyes</i>
EARS	NORMAL	ABNORMAL	<i>yr7P-2-ears</i>
NOSE	NORMAL	ABNORMAL	<i>yr7P-2-nose</i>
THROAT	NORMAL	ABNORMAL	<i>yr7P-2-throat</i>
NECK	NORMAL	ABNORMAL	<i>yr7P-2-neck</i>
LUNGS/CHEST	NORMAL	ABNORMAL	<i>yr7P-2-chest</i>
HEART	NORMAL	ABNORMAL	<i>yr7P-2-heart</i>
ABDOMEN	NORMAL	ABNORMAL	<i>yr7P-2-abdomen</i>
SKIN <i>yr4-PE-A-4-Skin</i>	NORMAL	EVIDENCE OF ATOPIC ECZEMA (Erythema, papulation, excoriations, lichenification)	
ALL NORMAL	ALL ABOVE IS NORMAL		<i>yr7P-2-allnorm</i>

3. Use of accessory muscles; suprasternal retractions:

- No Yes Rarely yr7P-3-rare
- No Yes Commonly yr7P-3-common
- No Yes Usually yr7P-3-usual

4. Wheeze:

- No Yes Moderate, often only end expiratory yr7P-4-mod
- No Yes Loud, throughout exhalation yr7P-4-loud
- No Yes Usually loud, throughout exhale and inhale yr7P-4-usual

5. Food allergy diagnosed elsewhere?

- No Yes yr7P-5

5b. If yes:

How was child diagnosed? (outside clinic only)

- Skin Prick Test (SPT) yr7P-5b
- Blood Allergy Test
- Food Challenge
- other

5c. To what foods was child diagnosed? (outside clinic only)

- | No | Yes | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Egg yr7P-5c-egg |
| <input type="checkbox"/> | <input type="checkbox"/> | Milk yr7P-5c-milk |
| <input type="checkbox"/> | <input type="checkbox"/> | Peanut yr7P-5c-peanut |
| <input type="checkbox"/> | <input type="checkbox"/> | Nut (Pine nut, walnut, cashew) yr7P-5c-nut |
| <input type="checkbox"/> | <input type="checkbox"/> | Shell Fish yr7P-5c-shell |
| <input type="checkbox"/> | <input type="checkbox"/> | Fresh Tree Fruit (apples, pears, peaches) yr7P-5c-fruit |
| <input type="checkbox"/> | <input type="checkbox"/> | Mellons (Watermelon, Cantalope) yr7P-5c-mellon |
| <input type="checkbox"/> | <input type="checkbox"/> | Other <input style="width: 100px;" type="text" value="yr7P-5c-oth"/> yr7P-5c-othtxt |

6. Other positive allergy diagnosed elsewhere?

- No yr7P-6
- Yes

6b. If yes:

Please provide the name of the doctor that made the diagnosis. (outside clinic only)

6c. Can we obtain records from your doctor of skin tests or blood tests used to diagnose asthma?

- No Yes yr7P-6c

➔ IF YES, HAVE SUBJECT SIGN A RELEASE OF INFORMATION FORM



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yr7P-7-derm

7. Atopic Dermatitis:

- Unlikely
- Possible
- Probable
- Definitive

yr7P-7-asth

Allergic Asthma:

- Unlikely
- Possible
- Probable
- Definitive

yr7P-7-rhin

Allergic Rhinitis:

- Unlikely
- Possible
- Probable
- Definitive

yr7P-7-food

Food Allergy:

- Unlikely
- Possible
- Probable
- Definitive

8. INDIVIDUAL BODY REGION QUESTIONS.

EYES:

- a No Abnormalities *yr7P-8-eyes-a*
 - b No Yes Watery Discharge? *yr7P-8-eyes-b*
 - c No Yes Lid edema? *yr7P-8-eyes-c*
 - d No Yes Conjunctival injection? *yr7P-8-eyes-d*
 - e No Yes Child appear to be itching eyes? *yr7P-8-eyes-e*
 - f No Yes Allergic shiners? *yr7P-8-eyes-f*
 - g No Yes Other *yr7P-8-eyes-g-txt*
- yr7P-8-eyes-g*

EARS (Tympanic Membranes):

- a No Abnormalities *yr7P-8-ears-a*
 - b No Yes Dull? *yr7P-8-ears-b*
 - c No Yes Effusion? *yr7P-8-ears-c*
 - d No Yes Erythema? *yr7P-8-ears-d*
 - e No Yes Discharge? *yr7P-8-ears-e*
 - f *yr7P-8-ears-f* Air-fluid Level
 - g No Yes Other *yr7P-8-ears-g-txt*
- yr7P-8-ears-g*

NASAL EXAM:

- a No Abnormalities *yr7P-8-nasal-a*
 - Turbinates:**
 - b No Yes Edema? *yr7P-8-nasal-b*
 - c No Yes Pale? *yr7P-8-nasal-c*
 - d No Yes Erythema? *yr7P-8-nasal-d*
 - e No Yes Discharge? *yr7P-8-nasal-e*
 - f **If Yes:** Clear Mucoid *yr7P-8-nasal-f*
 - g No Yes Polyps present? *yr7P-8-nasal-g*
 - h No Yes Other *yr7P-8-nasal-h-txt*
- yr7P-8-nasal-h*

LUNGS/CHEST:

- a No Abnormalities *yr7P-8-lungs-a*
 - b No Yes Residual breath sound? *yr7P-8-lungs-b*
 - c No Yes Crackles? *yr7P-8-lungs-c*
 - d No Yes Coarse Ronchi? *yr7P-8-lungs-d*
 - e No Yes Wheezing? *yr7P-8-lungs-e*
 - f No Yes Stridor? *yr7P-8-lungs-f*
 - g No Yes Other *yr7P-8-lungs-g-txt*
- yr7P-8-lungs-g*

THROAT:

- a No Abnormalities *yr7P-8-throat-a*
 - b No Yes Erythema? *yr7P-8-throat-b*
 - c No Yes Post nasal drainage? *yr7P-8-throat-c*
 - d No Yes Hyperemia? *yr7P-8-throat-d*
 - e No Yes Cobblestoning? *yr7P-8-throat-e*
 - f No Yes Other *yr7P-8-throat-f-txt*
- yr7P-8-throat-f*

9. SKIN: No lesions, warm and dry *yr7P-9*

Describe Abnormalities: (Please Print)

yr7P-9- Desc

10. Other Abnormalities

yr7P-10

11. Investigator's Global Assessment (Check one only) *yr7P-11*

- 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)
- 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)

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

No Yes

- Head/Neck *yr7P-12-head*
- Upper Extremities ~~yr7P-12~~ *yr7P-12-upper*
- Trunk *yr7P-12-trunk*
- Lower Extremities *yr7P-12-lower*

13. Recommendations for food avoidance (check all that apply)

- Milk
- Egg
- Tree Nut
- Peanut
- Other *yr7P-13-oth+xt*

14. Physician referred?

No Yes *yr7P-14*

14b. IF YES, referral name and specialty.

yr7P-14b-xt

- Pediatrician
- Allergist
- Ear Nose and Throat *yr7P-14b*
- Family Physician

15. Medications?

No Yes

yr7P-15

15b. IF YES, list.

Epi Pen Jr No Yes

yr7P-15b

1. yr7P-15b1

2. yr7P-15b2

3. yr7P-15b3

4. yr7P-15b4

16. Follow up visit?

1 year other

yr7P-16-othtxt

yr7P-16

G. Directions to SPT Administrator From Physician

17. Child to see physician after SPT administered?

yr7P-17

No Yes

18. Child has history of food allergy?

yr7P-18

No Yes

19. Has child has a previous generalized allergic reaction with a SPT

yr7P-19

No Yes

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.

20. Indicate below if milk or egg should be tested.

Milk No Yes yr7P-20-mil

Egg No Yes yr7P-20-egg

Signature

yr7P-Signature

yr7P-sigdate

Date [] [] / [] [] / [] []