



Child's Name

Nickname

Date

Common Presenting Problems/Findings with Specific Suggested Managements

■ *See specialist letter(s) attached*

Problem #1

Presenting Signs & Symptoms _____

Suggested Diagnostic Studies _____

Treatment Considerations _____

Problem #2

Presenting Signs & Symptoms

Suggested Diagnostic Studies

Treatment Considerations

Problem #3

Presenting Signs & Symptoms

Suggested Diagnostic Studies

Treatment Considerations

Comments on Child, Family, or Other Specific Medical Issues

Clinician Signature

Print Name Above

Family/Caregiver Signature Giving Consent for Release
of Information to Emergency Department

Print Name Above