TM-TIC DISORDER (100248)

____

Category: Neurologic

Scheduled appt type: ____

CC ____

HPI Approximate date of onset of symptoms/behaviors: Presence of recent illness or precipitating event: History of prior symptoms/behaviors: Family history of tic disorder or Tourette's syndrome:

freeform ROS ____

Structured ROS

Denies: fever/chills	___
Denies: not sleeping well	___
Denies: whining or crankiness	___
Denies: change in visual acuity	___
Denies: red eyes or eye drainage	___
Denies: photophobia	___
Denies: pain in or around eyes	___
Denies: sore throat	___
Denies: runny nose and/or nasal congestion	___
Denies: ear pain	___
Denies: daytime cough	___
Denies: nighttime cough disturbing sleep	___
Denies: nausea	___
Denies: vomiting	___
Denies: decreased appetite	___
Denies: change in gait or coordination	___
Denies: tremors	___
Denies: change in language, academic or work performance	___
Denies: fine motor difficulties	___
Reports: repetitive tic behavior	___
Pert: difficulty sleeping	___
Pert: anxious temperament	___

Pert: recent stressors at school or home	___

Structured exam

NL: general appearance: alert, pleasant, not ill appearing, no distress	____
NL: conjunctivae & lids: pink & moist	, no pallor or icterus (asked patient/parent to pull down lower eyelids to assess sclera and conjunctiva which was observed via video connection)
NL: external ears & nose	____
NL: nares (nasal mucosa, septum and turbinates): clear	through video connection anterior nares inspected and clear without nasal flaring
NL: oropharynx: moist mucous membranes, without pharyngeal erythema or intraoral lesions	, through video connection limited oropharynx inspection completed and normal
NL: without meningeal signs	patient/parent asked to flex and extend neck without any difficulty on visualization or compensatory elevation of shoulders
NL: respiratory effort: no retractions, no tachypnea	, also no audible grunting or other indication for increased work of breathing
NL: extremities: no edema, brisk capillary refill	, with cooperation of patient/parent through video visualization of good perfusion with brisk capillary refill confirmed (asking patient/parent to demonstrate)
NL: inspection (includes subcutaneous tissue): no rash	, no rash, no petechiae or bruising or other markings of skin, no neurocutaneous stigmata
NL: Findings:	tongue protrudes midline without fasciculations
NL: age appropriate social/language interaction	____
Pert: tic(s) observed	____
Pert: Extraocular movements	, intact

Remaining template documentation elements

Counseling:	____
Coordination of Care:	____
Diagnosis:	Tic disorder, unspecified(F95.9)
Assessment:	____
	History reviewed and exam considered with limitations acknowledged due to nature of virtual visit through a synchronous telecommunications system Discussed with parent/patient:

Plan:	behavior consistent with simple motor tic Discussed 18% of children have transient tic that resolves spontaneously within 1 year Discussed implication of family history absence/presence of tics/Tourette's on diagnosis Gave information on tics and discussed home approach Would not intervene unless begins to interfere with school/socialization Discussed at what time further evaluation/referral is indicated Discussed under what circumstances a face-to-face office visit would be appropriate recheck in office prn
Patient Instructions:	

Remaining workflow elements

Procedures

Orders
