

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

1. Relevant information (from health history, parent/teacher observation):  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Screening Tests (Starred items (\*) are recommended by the American Academy of Pediatrics for children 3-5 years. Enter dates if done previously. When recording results, enter at a minimum "N", "S", OR "A" For Normal, Suspect, or Atypical/abnormal, respectively.

TEST	DATE	RESULTS	TEST	DATE	RESULTS
a. Present age*		_____ yrs., _____ mos.	g. Vision (Type or Test)* _____		
b. Height* (no shoes, to nearest 1/8 in.)			Acuity, R/L _____		
c. Weight* (light clothing to nearest ¼ lb.)			Rescreening _____		
d. Blood Pressure			Strabismus _____		
e. Hematocrit or Hemoglobin*			Comments _____		
f. Hearing (Type or Test)* _____			h. Other Tests (if indicated)		
Results, R/L _____			1. TB _____		
Rescreening _____			2. Sickle Cell _____		
Comments _____			3. Lead _____		
			4. Ova & Parasites _____		
			5. Urinalysis _____		
			6. Other _____		
			_____		
			_____		

3. Physical Examination/Assessment.

	Normal for Age	Abnormal	Not evaluated	Comments :
a. General appearance				
b. Posture, gait				
c. Speech				
d. Head				
e. Skin				
f. Eyes (1) External Aspects (2) Optical Fundiscopic (3) Cover Test				
g. Ears (1) External & Canals (2) Tympanic Membranes				
h. Nose, Mouth, Pharynx				
i. Teeth				
j. Heart				
k. Lungs				
l. Abdomen (include hernia)				
m. Genitalia				
n. Bones, Joints, Muscles				
o. Neurological/Social 1. Gross motor _____ 2. Fine motor _____ 3. Communication skills _____ 4. Cognitive _____ 5. Self-help skills _____ 6. Social skills _____				
p. Glands (Lymphatic/Thyroid)				
q. Muscular Coordination				
r. Other				

s. General Statement on child's physical status:  
 \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

4. Findings, Treatments, and Recommendations

Abnormal findings/Diagnosis	Treatment Plan	Recommended Follow-Up or Results (Initial when complete)	Date
a.			
b.			