

Pediatric Physical Exam

Patient information			
Name:		Date of birth:	
Patient number:		Gender:	
Physician/pediatrician:			
Parent/guardian's name:			
Contact information:			
Date of examination:			
Medical history			
Past medical history:			
Immunization status:		Allergies (if there are any):	
Medications:		Family medical history:	
Dietary habits:		Physical activity level:	
Vital signs			
Temperature: °C/°F		Blood pressure: mmHg	
Respiratory rate: bpm		Heart rate: bpm	
SPO2: %			

Physical examination	
I. General appearance: <input type="checkbox"/> Not examined <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Remarks:
Behavior:	
Nutritional status:	
Activity level:	
II. Head/ear/nose/throat: <input type="checkbox"/> Not examined <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Remarks:
Head shape and fontanelles (infants): 	
Eyes (pupillary response, red reflex): 	
Ears (hearing, tympanic membrane appearance): 	
III. Cardiovascular: <input type="checkbox"/> Not examined <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Remarks:
Heart sounds:	
Pulses:	

IV. Abdomen and viscera: <input type="checkbox"/> Not examined <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Remarks:
V. Lymphatic: <input type="checkbox"/> Not examined <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Remarks:
VI. Musculoskeletal: <input type="checkbox"/> Not examined <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Remarks:
Range of motion:	
Muscle tone and strength:	
VII. Genito-urinary (as indicated): <input type="checkbox"/> Not examined <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Remarks:
External genitalia:	
VIII. Skin: <input type="checkbox"/> Not examined <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Remarks:
Inspection for rashes, lesions, bruises:	
IX. Locomotor: <input type="checkbox"/> Not examined <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Remarks:

IX. Neurological system:		Remarks:
<input type="checkbox"/> Not examined		
<input type="checkbox"/> Normal		
<input type="checkbox"/> Abnormal		
Reflexes:		
Sensory and motor function:		
XI. Gait:		Remarks:
<input type="checkbox"/> Not examined		
<input type="checkbox"/> Normal		
<input type="checkbox"/> Abnormal		
XII. Psychiatric:		Remarks:
<input type="checkbox"/> Not examined		
<input type="checkbox"/> Normal		
<input type="checkbox"/> Abnormal		
Developmental screening:		
Milestones achieved:		
Areas of concern:		

Immunization and preventive care

Already administered:

Administered today:

Scheduled next:

Additional notes**Healthcare information**

Name:

License ID number:

Signature:

Date of assessment: