

## **Standard Pediatric Evaluation:**

Childs Name: \_\_\_\_\_

Date: \_\_\_\_\_

Is there a history of any problems that the doctor should know about? Choose all that apply.

- |  |   |                                      |   |
|--|---|--------------------------------------|---|
| <input type="radio"/> No problems          | <input type="radio"/> Acid Reflux         | <input type="radio"/> ADD            | <input type="radio"/> Arm or Shoulder Condition |
| <input type="radio"/> Asperger's           | <input type="radio"/> Autism              | <input type="radio"/> Cerebral palsy | <input type="radio"/> Congenital anomalies      |
| <input type="radio"/> Difficulty Eating    | <input type="radio"/> Difficulty Walking  | <input type="radio"/> Down Syndrome  | <input type="radio"/> Enuresis (bedwetting)     |
| <input type="radio"/> Epilepsy             | <input type="radio"/> Febrile Convulsions | <input type="radio"/> Fever          | <input type="radio"/> Headache                  |
| <input type="radio"/> Hearing Difficulties | <input type="radio"/> Inability to Thrive | <input type="radio"/> Jaundice       | <input type="radio"/> Sleeping Problems         |
| <input type="radio"/> Speech Difficulties  | <input type="radio"/> Vision Difficulties | <input type="radio"/> Torticollis    |   |

Additional Notes: \_\_\_\_\_

\_\_\_\_\_

### Delivery Information

Delivery type: \_\_\_\_\_

Labor Duration (hrs.): \_\_\_\_\_

Single or multiple birth: \_\_\_\_\_

Pushing Duration (mins.) \_\_\_\_\_

APGAR score (5 minutes after birth): \_\_\_\_\_

Birth Weight: \_\_\_\_\_ lbs. \_\_\_\_\_ oz.

Were forceps used in the delivery process? Yes or No

Length of Child at birth: \_\_\_\_\_

Were vacuum extractions used in the delivery process? Yes or No

Gestational age (weeks): \_\_\_\_\_

Which vaccines has the child had to date? Choose all that apply.

- |  |   |
|--|---|
| <input type="radio"/> Received all childhood vaccinations on schedule  | <input type="radio"/> Was not vaccinated                  |
| <input type="radio"/> Diphtheria                                       | <input type="radio"/> Mumps (Separate)                    |
| <input type="radio"/> Hepatitis B                                      | <input type="radio"/> Rubella (Separate)                  |
| <input type="radio"/> Measles (Separate)                               | <input type="radio"/> Haemophiles Influenza type B (HbCV) |
| <input type="radio"/> Pneumococcus                                     | <input type="radio"/> Influenza (flu)                     |
| <input type="radio"/> DTP (Diphtheria, Tetanus, Pertussis combination) | <input type="radio"/> Neisseria Meningitis                |
| <input type="radio"/> Human Papillomavirus (HPV, Gardasil)             | <input type="radio"/> Tetanus (Separate)                  |
| <input type="radio"/> MMR (combination)                                | <input type="radio"/> Pertussis (Separate)                |
| <input type="radio"/> Polio (OPV, IPV)                                 | <input type="radio"/> Varicella                           |
|  | <input type="radio"/> Other                               |