



### Pediatrics – Exam Form

<b>Name</b>		<b>Date of Birth</b>		
<b>Allergies</b>		<b>Date of Exam</b>		
Height	Weight	Head Circumference	B/P	Pulse

PHYSICAL EXAM				
	Normal	Abnormal	Not Examined	Describe abnormal findings
General Appearance, Posture, Gait				
Speech/Language Development				
Behavior During Exam				
Skin				
Eyes				
Ears				
Nose, Mouth, Pharynx, Tonsils				
Teeth				
Heart				
Lungs				
Abdomen (include hernias)				
Genitalia				
Extremities, Feet				
Neurological				
Other				

HEALTH MAINTENANCE (“WNL” for within normal limits, “WS” for will schedule, or “NA” for not applicable)			
<b>Lab</b>	U/A		Hearing
	Hgb/Hct		Vision

Disability (Diagnosed)	Treatment

Summary of findings and recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Physician or Health care Provider

Date

Official Stamp Below