

CHILD'S MEDICAL RECORD

(This page is to be completed by a physician.)

Name of Child _____ Date of birth: _____

HISTORY: Past general health _____

Birth history: birth wt _____ birth injury _____ jaundice _____ cyanosis _____ convulsions _____

Special needs: oxygen _____ blood _____ incubator _____ other _____

Developmental: (May be completed by parent.)

- | | |
|----------------------------------|--------------------------------------|
| Age | Age |
| 1. Stood without support _____ | 4. Bowel control _____ |
| 2. First two word sentence _____ | 5. Bladder control _____ |
| 3. Fed self with spoon _____ | 6. Toileted self independently _____ |

Has parent ever been concerned about child development? _____

Illnesses

	Age		Age		Age		Age		Age
Chickenpox		G. Measles		Mumps		Otitis Media		Scarlet Fever	
Allergy		Measles		Pertussis		Rheumatic Fever		Tuberculosis	

Other illnesses, injuries, and hospitalizations: _____

Present general health: _____

How frequently does child have: Colds _____ Sore throat _____ Ear ache _____
 Vomiting _____ Diarrhea _____ Constipation _____

Age toilet training completed _____

Age bowel training completed _____

Exposure to Tuberculosis Yes [] No [] If yes, source of contact: _____
 If yes, report of recent Tuberculin Test Positive [] Negative []
 If Tuberculin Test Positive, does X-ray Examination suggest that
 child might be infectious? Yes [] No []

PHYSICAL EXAMINATION

- | | |
|----------------------|---------------------------------|
| 1. Nutrition _____ | 11. Teeth and Mouth _____ |
| 2. Posture _____ | 12. Tonsils and Adenoids _____ |
| 3. Skin _____ | 13. Heart _____ |
| 4. Lymph Nodes _____ | 14. Lungs _____ |
| 5. Head _____ | 15. Abdomen _____ |
| 6. Eyes _____ | 16. Genitalia _____ |
| 7. Ears _____ | 17. Skeleton _____ |
| 8. Nose _____ | 18. Gait _____ |
| 9. Hearing _____ | 19. Speech (intelligible) _____ |
| 10. Vision _____ | 20. Other _____ |

Comments on abnormal findings _____

Corrections advised _____

Recommendation for admission _____

Date _____ M.D.

Address _____