

Name _____ DoB ___ / ___ / ___ Seen with: Mth. Fth. Other _____

Chart # _____

History (Interval: No Change)

Drug Allergies Yes No

Current Meds:

Past Medical / Family / Social (Interval: No Change)

_____ Hx. reviewed by _____

Procedures

- Pneumo. (23 PS)* Influenza* Hepatitis A*
- Hct-Hgb* Urine* Cholesterol* PPD*
- Yes No Hearing: Pass _____ Fail _____ Vision: Rt _____ Lt _____

*at risk

Physical Exam

NI Abn Describe abn. and pertinent nl. findings.

1. General Appearance Temp _____ Pulse _____ Resp _____ BP _____ / _____
2. Head / Face / Neck
3. Eyes
4. ENMT
5. Respiratory
6. Cardiovascular
7. Chest (breasts, axillae)
8. Abd/Gastro
9. Genitalia (male-testes down), Groin, Buttocks
10. Genitourinary
11. Hem/Lymph
12. Integumentary
13. Back/Mus-Skel
14. Neurological/Psychiatric

Assessment / Plan

Normal Exam. Basic instructions provided

Provider Signature _____ Next Visit _____

Anticipatory Guide

- Gr/Dev. Fl./Nutrition Dental School Home/Playground safety Seat belt Guns /Trigger locks Ed. handouts

8-9 year

Date / Time	Age	Wt / %	Ht / %	BMI	Summary	<input type="checkbox"/> Referral