



## Standard Pediatric Evaluation

**Patient name:**

**Date of birth:**

**Today's date:**

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

- No problems
- Epilepsy
- Acid reflux
- Febrile convulsions
- ADD
- Fever
- ADHD
- Foot flare
- Arm or shoulder condition
- Headache
- Asperger's
- Hearing difficulties
- Autism
- Inability to thrive
- Cerebral palsy

- Jaundice
- Colic
- Seizures
- Congenital anomalies
- Sleeping problems
- Difficulty eating
- Speech difficulties
- Difficulty walking
- Vision difficulties
- Down's syndrome
- Torticollis
- Ear infection (chronic)
- OTHER
- Enuresis (bedwetting)

**How was the baby delivered?** \_\_\_\_\_

**Were forceps used in the delivery process?**

- Yes  No  Uncertain

**Was vacuum extraction used in the delivery process?**

- Yes  No  Uncertain

**How many hours was the labor?** \_\_\_\_\_

**How long was the pushing (in minutes)?** \_\_\_\_\_

**Was this a single or multiple birth?** \_\_\_\_\_

**What was the birth weight (pounds)? lbs.** \_\_\_\_\_

**What was the birth weight (ounces)? oz.** \_\_\_\_\_

**What was the length of the child at birth (inches)? inches in length** \_\_\_\_\_

**What was the total APGAR score (5 minutes after birth, 10 is perfect)?** \_\_\_\_\_

**At how many weeks was the child born (gestational age in weeks)? weeks** \_\_\_\_\_

**Which vaccines has the child had to date? Choose all that apply. If all vaccination are up to date, select "Received all childhood vaccinations."**

- Received all childhood vaccinations on schedule
- Was not vaccinated
- Diphteria (separate)
- Neisseria Meningitis
- DTP (Diphteria, Tetanus and Pertussis)

- Pertussis (separate)
- Haemophilus Influenza type B (HbCV)
- Pneumococcus (Pevnar)
- Hepatitis B (HBV)
- Polio (OPV, IPV)
- Human Papillomavirus (HPV, Gardasil)
- Rubella (separate)
- Influenza (flu)
- Tetanus (separate)
- Measles (separate)
- Varicella
- MMR (combination)
- OTHER
- Mumps (separate)