Pediatric Routine Check-Up Examination

Patient & Visit Information

Patient Name:

Date of Birth:

Age:

Date of Exam:

Physician:

Vital Signs

Height (cm):

Weight (kg):

Temperature (°C):

Blood Pressure:

e.g. 100/70

Heart Rate (bpm):

Respiratory Rate (per min):

Oxygen Saturation (%):

Developmental Milestones

Physical/Motor:

Language:

Social/Emotional:

Physical Examination

General Appearance:

HEENT (Head, Eyes, Ears, Nose, Throat):

Chest/Lungs:

Cardiac:

Abdomen:

Neurological:

Skin:

Musculoskeletal:

Immunizations

Immunizations Given Today:

Notes/Next Due:

Assessment & Plan

Assessment:

Plan:

Next Follow-Up:

Provider's Signature:

Date: