

Standard Well-Child Physical Assessment Sample

Patient Information

Name: _____

Date of Birth: _____

Age: _____

Date of Assessment: _____

Vital Signs

Height: _____
cm

Weight: _____ kg

Temperature: _____
°C

Pulse: _____ /min

Respiratory Rate: _____
/min

Blood Pressure: _____
mmHg

Head Circumference (if <2 yrs): _____ cm

Developmental Assessment

- Gross Motor: _____
- Fine Motor: _____
- Language: _____
- Social/Cognitive: _____

Physical Examination

- General Appearance: _____
- Head/Neck: _____
- Eyes: _____
- Ears/Nose/Throat: _____
- Heart: _____
- Lungs: _____
- Abdomen: _____
- Genitalia: _____
- Extremities: _____
- Neurological: _____
- Skin: _____

Immunizations

Screenings

- Hearing: _____
- Vision: _____
- Other: _____

Assessment & Plan

Provider's Name: _____

Signature: _____

Date: _____