Le Bonheur
Children's Medical Center

PEDIATRIC HISTORY AND PHYSICAL
(for use by Residents)

Date _____ Time _____ Informant _____

Chief Complaint _____

History of Present Illness _____

Review of Systems *(circle pertinent positives, "X" pertinent negatives)*

Constitutional	Fever, chills, weight loss, weight gain, fatigue, malaise	Musculoskeletal	Muscle weakness, muscle pain, joint stiffness, joint pain, range of motion, swelling
Eyes	Itching, burning, tearing, discharge, foreign body, glasses, vision changes, diplopia	Endocrine	Heat/cold intolerance, excessive sweating, polydipsia, polyphagia, polyuria, poor growth, hirsutism, hair loss
Mouth/ENT	Earache, ear drainage, runny nose, sneezing, congestion, sore throat, hoarseness, nosebleed, hearing loss, bleeding gums, dental caries	Hematologic	Anemia, bruising, petechiae, purpura, bleeding, transfusions, pica
Cardiovascular	Murmur, chest pain, palpitations, edema, dyspnea with exertion, orthopnea, hypertension, irregular rhythm	Neurologic	Headache, dizziness, vision changes, vertigo, head trauma, seizure activity, fainting, numbness, tingling, tremors, weakness, paralysis
Respiratory	Shortness of breath, wheezing, cough (dry or productive), hemoptysis	Psychiatric	Mood, memory, orientation, depression, suicidal ideation, homicidal ideation
Gastrointestinal	Nausea, vomiting, appetite change, diarrhea, constipation, abdominal pain, bleeding, jaundice	Skin	Rash, itching, sores, lumps, moles, urticaria
Genitourinary	Discharge, itching, dysuria, frequency, urgency, hesitancy, polyuria, nocturia, hematuria, incontinence, stones, hernia, bleeding, pelvic pain	Immunologic	Frequent infections, lymphadenopathy

Past Medical History *(include birth history)*_____

Past Surgical History_____

Current Medications *(with doses, include OTC and herbal remedies)* _____

Initial_____

Le Bonheur
Children's Medical Center

HISTORY AND PHYSICAL

Allergy *(allergy to drug and/or food, include reaction)* _____

Newborn Screen _____

Immunization Status *(include Hep B)* _____

Pertinent Family History _____

_____

_____

Pertinent Social History _____

_____

_____

Development *(How old does your child act? Any concerns with development?)* _____

_____

_____

Primary Care Provider _____ **Phone** _____

Physical Exam:

Vital Signs: T _____ **HR** _____ **RR** _____ **BP** _____ **Oxygen sat** _____ **on** _____

Wt _____ **kg (** _____**% tile) Ht** _____ **cm (** _____**% tile) HC** _____ **cm (** _____**% tile) BMI** _____

	Normal	Abnormal *(describe)*		Normal	Abnormal *(describe)*
General	☐	☐	Perfusion	☐	☐
Head	☐	☐	Lungs	☐	☐
Eyes	☐	☐	Abdomen	☐	☐
Ears	☐	☐	Liver	☐	☐
Nose	☐	☐	Spleen	☐	☐
Mouth/Throat	☐	☐	Extremities	☐	☐
Neck	☐	☐	Genitalia	☐	☐
Nodes	☐	☐	Spine	☐	☐
Heart	☐	☐	Skin	☐	☐
Pulses	☐	☐	Neurologic	☐	☐

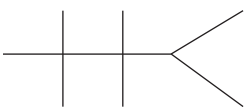
Other Abnormal Findings _____

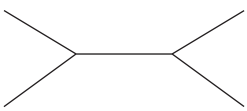
_____

_____

_____

Laboratory Data:





Bd/ S/ L/ M/ Bs/ E

UA –

Initial _____

Le Bonheur
Children's Medical Center

HISTORY AND PHYSICAL

Radiologic Findings: _____

_____

_____

_____

Differential Diagnosis/Plan: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Attending Physician Notified *(name/date/time)* _____

_____
House Staff Physician *(sign and date)* *MD #*

Attending Physician Comments *(please date and time)*: _____

_____

_____

_____

_____

_____

_____
Attending Physician *(sign and date)* *MD #*