

# Pediatric Clinical Assessment Form

## Patient Information

Full Name

Date of Birth

Gender

Parent/Guardian Name

Contact Number

Address

## Medical History

Presenting Complaint

Past Medical History

Surgical History

Medication / Allergies

Immunization Status

Family History

Birth & Developmental History

## Clinical Assessment

Weight (kg)

Height/Length (cm)

Head Circumference (cm)

Temperature (°C)

Pulse (bpm)

Respiratory Rate (/min)

General Appearance

Systemic Examination

## Assessment & Plan

Assessment

Plan/Recommendations

