

*Confidential*

<b>MEDICAL DIAGNOSTIC EVALUATION FORM</b>
---

**Identifying Data**

Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Name \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ District \_\_\_\_\_

**1)# General Findings**

Significant findings on (describe any abnormalities)

**A)# General physical examination**

Height _____	Weight _____	BP _____	Lymphatics _____
Skin _____	Head _____	Eyes _____	Ears _____
Nose _____	Teeth _____	Neck _____	Chest _____
Back _____	Abdomen _____	Genitalia _____	Extremities _____

**B) Vision****B)# Speech and Hearing****2)# Specific Findings**

Significant findings

**A)# General neurological examination**

Gait _____	Station _____	Muscle Power _____
Muscle Tone _____	Reflexes _____	Cranial Nerves _____

**B)# Motor abnormalities**

Gross motor coordination _____
Fine motor coordination _____

**C)# Sensory abnormalities****3)# Behavioral Problems ( check if observed or reported by informant)**

Hyperactivity _____	Withdrawn _____	short attention span _____	Disturbed sleep pattern _____
Distracted _____	Other (please describe) _____		

**4)# Medical Recommendations (include medication as prescribed)****5)# This is to certify that the above-named child has had a complete physical examination.**

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone number \_\_\_\_\_