

# Medical Record Form Sample for Pediatric Patients

A **medical record form** sample for pediatric patients is a vital tool designed to capture detailed health information specific to children. It ensures accurate documentation of growth, immunizations, and developmental milestones. This form supports healthcare providers in delivering tailored pediatric care efficiently.

## Patient Information

Full Name:

Date of Birth:

Sex:  Select

Parent/Guardian Name:

Contact Phone:

## Medical History

Allergies:

Past Medical Conditions:

Current Medications:

## Immunization Record

Vaccine	Date Given	Lot Number	Provider
DTP/DTaP			
Polio (IPV/OPV)			
MMR			
Hepatitis B			
Varicella			

## Growth and Development

Date	Age	Weight (kg)	Height (cm)	Head Circumference (cm)	Notes

## Developmental Milestones

Milestone	Date Achieved	Comments

First Smile		
Rolls Over		
Sits Unassisted		
Walks		
Talks (first words)		

## Physician/Provider Notes

Submit