

# Pediatric Clinical Assessment Form

The **pediatric clinical assessment form** sample template is designed to streamline the evaluation of children's health by capturing essential medical history and developmental milestones. This template ensures a thorough and organized approach to pediatric patient assessments, facilitating accurate diagnosis and treatment planning. It is an invaluable tool for healthcare providers specializing in pediatrics.

## Patient Information

Patient Name

Date of Birth

Gender

--Select--

Parent/Guardian Name

Contact Information

## Medical History

Allergies

Chronic Illnesses/Conditions

Current Medications

Past Hospitalizations/Surgeries

Immunization Status

--Select--

## Developmental Milestones

Milestone	Achieved	Age Achieved (months)	Comments
Sitting without support	<div>--Select--<div></div></div>	<input type="text"/>	<input type="text"/>

Walking alone	--Select--		
First words	--Select--		

Physical Examination

Weight (kg)

Height (cm)

Head Circumference (cm)

Other Vitals/Physical Findings

Assessment & Plan

Clinical Assessment

Management Plan

Follow-up Date

Provider Details

Examined By

Date of Examination

Submit