

Pediatric History:

Patient information and consent

Patient name

Patient date of birth

Parent/guardian names

Legal relationship to child

Family situation

General practitioner/pediatrician

Consent to contact other practitioners

Consent to care

Date

Consent to use anonymized data confidentially for research

Primary complaint

Description
(ask parent/guardian & child)

Date/mode of onset

Character, course since onset

Possible causes
contributing factors

Severity

Injuries or falls

Aggravating factors

Relieving factors

Behavioral changes

Activities affected

Associated symptoms

Previous episodes
management

Pre-school attendance, engagement

Teachers or parents' concerns

Additional complaints

Other medical conditions

General health

Diagnosed conditions
When diagnosed?

Suspected conditions

Medications

Nutritional supplements

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Pediatric History, continued:

Activity levels

Physical activity
What, how long, how often
Total time

Sedentary time

Screen time

Activities

Neurodevelopment

Hyperactivity/ attention

Cognitive/ intellectual development

Emotional and mental health: parental concerns

Behavioral problems

Obsession/compulsion

Tics

Friends

Crisis

Anxiety/depression

Learning issues

Age-appropriate speech and language

Sensory: avoidance or seeking it?

Certain noises or brighter lights?

Bothered by wearing particular clothes

Do they often put non-edible things in their mouth, chew clothes or hair, bite nails?

Are they ok with having their teeth and hair brushed, nails cut

Interoception

Do they know when they become hot,
cold, thirsty, hungry, full, tired, excited or ill?

Do they react strongly to certain smells or tastes,
will they avoid some foods because of the texture?

Headaches⁵ (headache form)

Headaches Family history headaches

Migraine headache

Neck or spinal pain

Recurrent illnesses

Fatigue

Pediatric History, continued:

Red Flags (indications for referral)

Sign/symptom

Labored breathing

Rib retractions

Fever

Slow or halted growth

Weight, length, head circumference

Halted or regression of development (loss of skills)

Marked difference between left and right sides of body

Strength, tone

Marked high or low tone, especially

with impact on motor skills/development

Limp

Joint swelling

Is mother worried?

Cyanosis

Disoriented or confused child

Decreased levels of consciousness

Vomiting bile stained (green)

Seizures for the first time/focal seizures

Focal neurological signs

Non-blanching rash with fever

Neck stiffness

Non-weight bearing

Blood in stools or urines

Unexplained bruising

Persistent toe walking

Pediatric History, continued:

Developmental milestones

Age		
2 years	Fine motor	Stack 4 blocks, put round or square pegs into holes
	Gross motor	Climbs onto furniture and down, walks in stairs
3 years	Fine motor	Cuts with scissors, string beads, draw a face
	Gross motor	Hops, jumps, rhythmic movements, walks stairs alternating feet
4 years	Fine motor	Draws basic shapes, draws a house, uses pencil with good control
	Gross motor	Climbs ladders, navigates obstacles when running
5 years	Fine motor	Copies letters and numbers, ties shoelaces
	Gross motor	Walks narrow line, plays ball games, skips on alternate feet
6 years	Fine motor	Can write their names, dress themselves
	Gross motor	Good balance, run, jump, skip easily

Skills from 3 years
Jump in place with both feet
Climb up and go down a toddler slide
Pedal tricycle
Walk up and down stairs when one hand being held by an adult
Stand briefly on one foot when one hand being held by an adult
Walk backwards
Skills from 4-5 years
Hop on one foot
Tandem gait
Toe to heel gait
Do a somersault/ hop
Walk up and down stairs without help
Walk forward and backward easily
Stand on one foot > 9 seconds

Pediatric History, continued:

Examination

Observations and vital signs

General appearance: movement pattern, handedness, postural deviations, torticollis, plagiocephaly, leg length, asymmetry

Skin, joints^s
soft, extensible skin, obvious signs of hypermobility, birthmarks

Head, face, eyes, ears, nose marks, bruising, swelling, discharge, rash, mucous, asymmetry

Cardiovascular and respiratory
chest wall deformities, respiratory effort, color

Abdomen
distention, rigidity, umbilicus

Social interaction
child and parents, child and practitioner

Measurements

Weight: _____ kg/lbs

Length: _____ cm/in

Heart rate: _____ bpm

Respiratory rate: _____ rpm

Temperature: _____ °C

Overweight/ obesity: _____

Neurological examination

Cranial nerve screening

CN II: Pupillary light reflex

CNs III, IV, VI: extra-ocular movements

CN V: facial sensation, tone mastication

CN VII: symmetrical blink, Facial expression

CN VIII: eyes look to sound

CN IX, X: speech, swallow

CN XI: active head rotation

CN XII: active tongue movement

Eye exam H

Consensual eye movement

Gower sign

Heel/toe walk

Rapid alternative movements

Romberg: standing balance test eyes closed

Conjugated eye tracking

Finger to nose

Persistent primitive reflexes

Pediatric History, continued:

Examination, continued

Muscle stretch reflexes Present/absent/atypical

R

L

Biceps

Brachioradialis

Triceps

Patella

Hamstring

Achilles

Babinski

Clonus

Orthopedic/ Musculoskeletal examination

Palpation

Findings

Active and passive
range of motion
Spine, extremities
as indicated

Cervical: _____

Occiput: _____

Thoracic: _____

Costovertebral/costosternal: _____

Lumbar: _____

Pelvic: _____

Upper extremity: _____

Lower extremity: _____

Static and motion palpation
for regional restriction, tenderness
Spine, extremities — as indicated
Paraspinal symmetry/hypermobility

Occiput: _____

Cervical: _____

Thoracic: _____

Lumbar: _____

Pelvic: _____

Upper extremity: _____

Lower extremity: _____

Temporomandibular joints

Hip: alignment/ function

Knees: alignment/ function

Feet/ankle: alignment/function

Shoulder girdle: alignment/ function

Adams test

Leg length

Scoliosis

Hyper/hypo mobility

Posture

Muscle tonus/ symmetry/ strength

Gait/ limp

Leg pain: intermittent evening

Pediatric History, continued:

Examination, continued

PGALs Check¹⁰

Gait — normal heel toe

'Touch the sky'

'Touch your toes'

'Hands out'

'Fists/turn'

'Fingers touch'

'Jaw range of motion'

