

Pediatric History:

Patient information and consent

Patient name

Patient date of birth

Parent/guardian names, nationalities

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)

Location of pain

Date/mode of onset

Course since onset

Duration

intensity

frequency

Character/ severity of pain

Antalgia

radiculopathy

Possible causes/contributing factors

History physical trauma, fall, injury

Aggravating factors

Relieving factors

Associated symptoms

Night pain

relief with medication

Pain with movements

Pain on impact

Pain when sitting

Pain changing positions

Interference with activities

Behavioral changes

Previous episodes/ management

Activities after school

hours training

hours high impact

frequency

Competitive Sports

Sedentary Time

hrs screens use

Ergonomics school

home

Family history scoliosis

bracing

Pediatric History, continued:

Primary complaint, continued

Hx asymmetry

Hip dysplasia

torticollis

Toe walking

Coordination/motor skills

Secondary or other complaints

Sleep issues: (quality, snoring, apnea, night terrors)

Headache (HA)

Family history HA/migraine

headache questionnaire⁵

Vision

Other medical conditions

General health

Diagnosed conditions

When diagnosed?

Treatment, outcome

Suspected conditions

Medications

Prescribed and other

Nutritional supplements

Hospital visits/admissions

Other healthcare professionals consulted

Surgeries

Radiological history, diagnostic tests

Infections, tick bites

Vaccinations — normal

schedule followed? adverse reactions

Family medical history

rheumatological dz, hip disorders, allergy, autoimmune,

genetic conditions, gastrointestinal, connective tissue disorder

Smoking, alcohol, drugs

Nutrition

Diagnosed or suspected allergies/intolerances

Selective diet and any restrictions

Meals per day: _____

Snacks per day: _____

Number of sugar portions/day: _____

Does child eat breakfast: _____

Pediatric History, continued:

Review of systems

Respiratory: asthma
recurrent cough, mucous, wheeze

Skin: urticaria, eczema, ecchymosis,
bull's eye rash, rough or discolored patches, acne

Sign of connective tissue disorder^s
poor posture, hypermobility
Pes planus

Gastrointestinal pain, vomiting, gas

Output: Primary or secondary
enuresis, constipation, loose stools

Age of menarche discomfort

Psychological

Any history or signs of emotional trauma or abuse bullying

Social skills well-being

Behavioral issues anxiety Hyperactivity

Conduct issue with friends or family

Bereavement attention concentration

Depression harmful self behavior

School attendance, engagement

Sensory issues: texture, taste, smell food

Texture clothing issues with light or noise

Neurodivergence gender issues

Involuntary movements, tics

Obsession: gets stuck in a particular thought process

Compulsion: repeatedly have the same concern or anxiety

Does not show empathy

Has trouble sitting still for a long period of time

Finds it hard to make friends

Unusual fears or worries

Extreme rigidity about routines

Pediatric History, continued:

Red Flags (indications for referral)

Labored breathing

L thoracic curve

Slow or halted growth
Growth curve/chart

Halted or regression of development (loss of skills)

Marked difference in strength between L/ R sides of body

Marked high or low tone, especially impacting motor skills/development

Persistent toe-walking

Swelling of a joint for longer than 6 weeks

Recent trauma with suspected fracture

Recent infection with suspected ongoing infection

Signs and symptoms of diabetes type I

Systemic upset (malaise, weight loss, night sweats)

Lymphadenopathy

Unremitting bone pain

Incongruence between history and physical examination

Inability to weight bear

Persistent pain and morning stiffness of more than 30-60 minutes

Pain waking the child at night

Can not hop, skip or jump

Can not dress independently

Pediatric History, continued:

Examination

Observations and vital signs

General observations
appearance, movement pattern, coordination, skin, handedness

Skin
Beighton 4/9, narrow palate,
general or local joint laxity, soft extensible skin

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

Eye tracking Eye Exam 'H'

Cardiovascular and respiratory
chest wall deformities, respiratory effort, cyanosis

Musculoskeletal
positional or postural preference
asymmetry of head, trunk, or limbs
abnormal ROM of head, trunk or limbs

Development for age	Weight:	_____	kg/lbs
does the child move and interact like other children the same age?	Length:	_____	cm/in
	Heart rate:	_____	bpm
	Respiratory rate:	_____	rpm
	Temperature:	_____	°C
	Overweight/ obesity:	_____	

Posture, symmetry including extremity positioning

Scoliosis	Adams test	Kyphosis	Lordosis
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Asymmetry: thoracic curve/ lumbar curve/ double curve/rib hump

Forward head posture	Torticollis	Leg length
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Standing	Sitting	Lying
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Symmetry: ilia, jaw, ribs

Feet	Knees	Hips
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Gait	contralateral pattern during walking
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pGALS10: Functional assessment

Heel walk	toe walk
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Spread fingers	supinate hands and make fist
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Pinch thumb to fingertips	joint swelling
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Put backs of hands together	squeeze metacarpals
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Put hands behind neck, elbows out

Active flexion/extension of knees	internal rotation hips
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Open mouth wide and put 3 of their fingers in mouth

Cervical lateral flexion	lateral flexion lumbar
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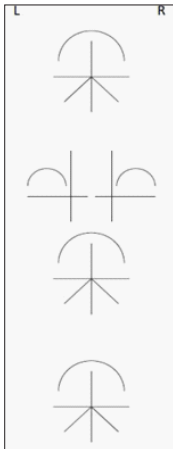
Forward flexion head	reach for sky, look up
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Orthopedic examination

Palpation : skin, muscles and joints

Active and passive range of motion symmetry as indicated

Static and motion palpation for regional restriction, tenderness range of motion as indicated



Findings

- Cervical: _____
- Occiput: _____
- Thoracic: _____
- Lumbar: _____
- Pelvic: _____
- Upper extremity: _____
- Lower extremity: _____
- Cervical: _____
- Occiput: _____
- Thoracic: _____
- Lumbar: _____
- Pelvic: _____
- Upper extremity: _____
- Lower extremity: _____

Regional exam: Attention to size, bulk and tone of muscles

Normal/abnormal findings

Hip

Shoulder

Knee

Feet/ankle

TMJ

Hypersensitivity to pain

Valsalva

SLR

Neurological examination

Walk heel-toe with good balance

Stand steadily with feet together, eyes closed

Stand steadily on one leg, eyes open

Stand steadily on one leg with eyes closed

Heel-toe walk

Finger-to-nose

Rapid alternating movements

Cranial nerve screening

Normal/abnormal response

CN I

CN II: Pupillary light reflex

CNs III, IV, VI: extra-ocular movements

CN V: facial sensation, masseter/temporalis motor

CN VII: blink response, facial expression

CN VIII: hearing screen

CN IX, X: speech, swallowing

CN XI: active head rotation

CN XII: active tongue movement

Muscle stretch reflexes

Normal/abnormal response R / L

Biceps

Brachioradialis

Triceps

Patella

Hamstring

Achilles

Babinski flexor response

Sensation

Strength

Clonus

Retained primitive reflexes

Persistent toe walking