

Confidential

MEDICAL DIAGNOSTIC EVALUATION FORM

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Hyperactivity Withdrawn short attention span Disturbed sleep pattern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