

Pediatrics Clerking

File number: Location Date:
Name: Age (Date of birth): Sex: (F/M)
Nationality: Source of history (Reliable/Not):
Personal history:

Chief complaint:

- CC:
- Time of admission:
- Rout of admission:
- Duration:

HPI:

- Known case of
- Onset
- Course
- Duration
- Progression
- Site
- Frequency
- Severity
- Relieving factor
- Exacerbating factors
- Diurnal/seasonal variation
- Relation to food
- Relation to exercise (cough?)
- Risk factors
- Associated symptoms
- Previous similar episodes

Chronic illness description:

Past Medical history:

- Illnesses:
- Hospital admissions:

Past medications:

- Cause
- Dose
- Frequency

Past Surgeries:**Blood Transfusion:**

- Cause
- Time
- Amount

Allergies:

- Allergen (food/drug)
- Type of reaction

Pregnancy/Prenatal/Neonatal:

- Follow up during pregnancy:
- Illnesses during pregnancy:
- Drugs during pregnancy:
 - Steroids
 - Phenytoin
 - Radiation
- Fetal movement:
- Poly or oligohydramnious:
- Length of gestation:
- Mode of delivery: (SVD/CS)
 - Birth weight
 - Brith Height

- Head circumference
- Apgar score:
- Neonatal disease:
- NICU admission:

Nutrition:

- Breast fed (How long):
- Bottle fed (How long):
- If bottle fed:
 - Which formula:
 - How was it prepared:
 - What volume does he take at each feed?
 - Frequency of feed
 - Total daily intake:
- Time of weaning (time of introduction of solids & Cereals)

Immunization:

- Up to date (Yes/No):
- According to mom or card:
- Last vaccines (Date)
- Was there a delay (Cause in detail)
- Development of any complications or allergies (fever, fatigue, seizures):

Developmental:

Depends on the age (compare to siblings)

- Gross motor
- Fine motor
- Visual
- Speech and Hearing
- Social and play
- Schooling (level and performance)

Family history:

Draw :

- Mother's age: _____ Father's age: _____
- Consanguinity: _____
- Number of siblings (Age, Gender): _____
- Previous abortions: _____ Neonatal Deaths: _____
- Mother, Father's condition: _____
- Any similar complaint: _____
- Any known hereditary or congenital diseases: _____

Social history:

- Region the family is from: _____
- Living condition: _____
- Parents job: Mother _____ Father _____
- Parents level of education: Mother _____ Father _____
- Level at school: _____
- Parents smoking habits _____
- Contact with animals _____
- Recent travel _____

Systemic review:

CVS		Respiratory		GIT			
Breathlessness		Breathlessness					
Sweaty on feeding		Runny nose		Abdominal pain			
Cyanosis		hemoptysis		Constipation			
Palpitation		Wheeze/stridor		Jaundice			
Chest pain		Sore throat					
Edema		earache					
Genitourinary		CNS		Hematological		M.S	
Frequency		Irritability		Pallor		Joint pain	
Dysuria		Drowsiness		Bleeding from the nose		Joint swelling	
Nocturia		Fits/ab. Movement		Bone pain		Skin rash	
Enuresis		Headache		Bruises			
Hematuria		seizures					
Age of menarche							

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Physical examination

General condition:

Vital signs:

RR:

HR:

Temp.:

BP:

SpO2:

Growth parameters: (Plot On growth chart)

Height:

Weight:

Head Circumference:

Head and neck:

Lymph nodes:

Abdominal examination:

Respiratory examination:

Cardiovascular examination:

Musculoskeletal examination:

Central nervous system:

Summary:

Problem list:

Differential diagnosis:

Investigations:

Follow up: (Date/Plan)