GOLDSBORO
PEDIATRICS

2706 Medical Office Place • Goldsboro, NC 27534 • Phone: 919-734-4736 • Fax: 919-580-1017

MT. OLIVE
PEDIATRICS
327 Hwy. 55 West
Mt. Olive, NC 28365
919-658-9123
Fax: 919-658-8055

PRINCETON
PEDIATRICS
104 Commercial Drive
Princeton, NC 27569
919-936-3164
Fax: 919-936-3281

LAGRANGE
PEDIATRICS
114 East Railroad Street
LaGrange, NC 28551
252-566-5999
Fax: 252-566-4430

CHILDREN'S MEDICAL REPORT

Name of Child _____ Birthdate _____

Name of Parent/Guardian _____

Address of Parent/Guardian _____

A. Medical History (May be completed by parent)

1. Is child allergic to anything? ☐ Yes ☐ No
   If yes, what? _____
2. Is child currently under a doctor's care? ☐ Yes ☐ No
   If yes, for what reason? _____
3. Is the child on any continuous medication? ☐ Yes ☐ No
   If yes, what? _____
4. Any previous hospitalizations or operations? ☐ Yes ☐ No
   If yes, when and for what? _____
5. Any history of significant previous diseases or recurrent illness? ☐ Yes ☐ No
   Diabetes ☐ Yes ☐ No **Convulsions** ☐ Yes ☐ No **Heart Trouble** ☐ Yes ☐ No
   If others, what/when? _____
6. Does the child have any physical disabilities? ☐ Yes ☐ No
   If yes, please describe: _____

   Any mental disabilities? ☐ Yes ☐ No
   If yes, please describe: _____

_____ _____

Signature of Parent/Guardian **Date**

B. Physical Examination:

This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the N.C. Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practicioner, or a public health nurse meeting DEHNR standards for EPSDT program.

Height	%	Weight	%	
Head	Eyes	Ears	Nose	Teeth
Throat	Neck	Heart	Chest	Abd/GU
Ext	Neurological System		Skin	

Results of Tuberculin Test, if given: Type _____ Date _____

☐ Normal ☐ Abnormal

Should activities be limited? ☐ Yes ☐ No

If yes, explain: _____

_____

Any other recommendations: _____

_____

_____

_____

Date of examination _____

_____ _____

Signature of Authorized Examiner/Title **Phone #**