

**McLaren Print System Order**

Order No: 6525  
 Order Date: 2014-10-16  
 User: Angela DeLaRosa  
 Phone: 3720 Katalin Ct, Suite 201 (989) 893-9705

Ship Location: McLaren Bay Region Family Medicine/Attn Angela DeLaRosa  
 3720 Katalin Ct  
 Bay City, MI 48706

Forms  
 Quantity: 100  
 Paragon Dept No: 60841  
 Dept Name: McLaren Medical Group  
 Company Number: 810

Order Total Price: 0.00

Item Number: MM-34301-G  
 Item Description: Pediatric Physical Examination (Age 12 Months)  
 Revision Date:  
 Print: 1 sided black and white  
 Paper: 20# White Text  
 Size: 8.5 x 11  
 Fold:  
 Finish:  
 Drill: None  
 Misc Info:

McLaren Medical Group  
 PEDIATRIC PHYSICAL EXAMINATION  
 AGE 12 Months

Date: \_\_\_\_\_ Age: \_\_\_\_\_ Accompanied by: \_\_\_\_\_

<p><b>PERSONAL HISTORY (CHECK IF APPLICABLE)</b></p> <p>See Pediatric Assessment History Form/Problem List/Checklist for Additional History</p> <p>Birth Date: _____ Sex: _____              Address: _____              Occupation: _____              Religion: _____              Ethnicity: _____              Marital Status: _____              Insurance: _____              Allergies: _____              Medications: _____              Immunizations: _____</p> <p><b>Developmental History</b></p> <p>Motor Skills: _____              Communication Skills: _____              Social Interaction: _____              Self-Care Skills: _____</p> <p><b>Family History</b></p> <p>Parents: _____              Siblings: _____              Grandparents: _____              Other: _____</p>	<p><b>PHYSICAL EXAMINATION</b></p> <p>Height: _____ Weight: _____ Head Circumference: _____              Skin: _____              Eyes: _____              Ears: _____              Nose: _____              Throat: _____              Heart: _____              Lungs: _____              Abdomen: _____              Genitalia: _____              Musculoskeletal: _____              Neurological: _____              Other: _____</p> <p><b>ASSESSMENT</b></p> <p>Chief Complaint: _____              History of Present Illness: _____              Physical Examination: _____              Assessment: _____              Plan: _____</p> <p><b>PROGNOSIS/OUTCOME</b></p> <p>Prognosis: _____              Outcome: _____</p>
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\_\_\_\_\_  
 Physician Signature

\_\_\_\_\_  
 Date

**PEDIATRIC PHYSICAL EXAMINATION (12 Months)**