Division of Immigration Health Services

Pediatric Physical Assessment Form
4 Years Old

DEVELOPMENTAL TASKS

NORMAL	ABNORMAL		NORMAL	ABNORMAL	
☐	☐	Hops, jumps forward	☐	☐	Dresses and undresses with supervision
☐	☐	Climbs ladder	☐	☐	Copies cross, circle, and maybe square
☐	☐	Can cut and paste	☐	☐	Plays hide and seek
☐	☐	Knows 3 of 4 colors	☐	☐	Names pictures in books or magazines
☐	☐	Uses action words	☐	☐	Speaks in complete sentences
☐	☐	Counts to 5	☐	☐	Can sing a song
☐	☐	Draws person, 2-3 parts	☐	☐	Plays cooperatively

Describe abnormal findings:

DIET/ NUTRITION	IMMUNIZATIONS	LABORATORIES
Diet:_____	DTaP ☐ #1 ☐ #2 ☐ #3 ☐ #4 ☐ #5	
	IPV ☐ #1 ☐ #2 ☐ #3	
Fluoride: ☐	Hib ☐ #1 ☐ #2 ☐ #3 ☐ #4	
	Hep B ☐ #1 ☐ #2 ☐ #3	
Vitamins: ☐	MMR ☐ #1	
	VAR ☐	

SUBJECTIVE

OBJECTIVE

HEIGHT WEIGHT BLOOD PRESSURE HR RR

	NORMAL	ABNORMAL		NORMAL	ABNORMAL	Describe Physical findings
General appearance	☐	☐	Lungs	☐	☐	
Skin	☐	☐	Heart	☐	☐	
Head	☐	☐	Abdomen	☐	☐	
Eyes	☐	☐	Genitalia	☐	☐	
Fundi	☐	☐	Extremities	☐	☐	
EOM	☐	☐	Back	☐	☐	
ENT	☐	☐	Neuro	☐	☐	
Teeth	☐	☐	Hearing Screening	☐	☐	

ASSESSMENT

PLAN

Provider's Signature

Provider's Stamp

Date

ANTICIPATORY GUIDANCE

RE-EMPHASIZE

- ☐ Sleep in own bed
- ☐ Bedtime ritual
- ☐ Toilet training
- ☐ Educate about strangers
- ☐ Dental appointment
- ☐ Skin protection-sun screen

Next Appointment

LABS

Hgb/Hct_____

U/A_____

O&P_____

Other

DETAINEE LABEL