

PEDIATRIC RECORD : 1 YEAR OLD – 19 YEAR OLD

FN: _____ BRGY: _____

Name of Child: _____ Name of Mother : _____ Age: _____
 Address: _____ Name of Father: _____ Age: _____
 Date of Birth: _____ Age: _____ Sex: _____ Civil Status: _____
 Telephone number: _____ Birth Order: _____ TT Status of mother: _____
 Immunization History: BCG () Hepatitis B () Penathib 1 () 2 () 3 () OPV 1 () 2 () 3 ()
 Rotavirus 1 () 2 () AMV () MR () MMR () TD () Others ()
 Vitamin A for past 6 months () YES () NO Deworming : () Yes Date Given : _____ () NO
 Breastfeeding () YES () No Complementary Feeding : () YES () NO
 Scioa History:
 Smoking () Yes Sticks / Day _____ () NO Alcohol Intake () YES () NO Prohibited Drugs () YES () NO
Medical History :
 () Diabetes () Asthma () HPN () PTB () Cancer () Allergy () Others : (include Disability) _____
 Cough of 2 weeks or more () YES () No Medication Take: _____
 FP Method : _____ () Non-Acceptor Adult Immunization given _____ Date: _____
 Philhealth No: _____ NHTS No: _____ 4p's Member () YES () No

DOCTOR'S ORDERS	Date / Time of admission	NURSE'S / Midwife's NOTES
Chief Complaint:		Subjective Complaint:
Findings :		Objective Findings:
Impression:		Age in months: _____ Vital Signs : weight _____ = Height /length _____ Nutr'l Status _____ BMI: _____ Temp: _____ RR: _____ CR/PH _____
Management:		Assessment :
		Plan:
		Implementation
Signature over Printed name		Signature over printed Name
		Time discharged: _____