



Medical Facility:				Date:				
Address:			Name of Client:					
Physician:		Date of Birth:						
		Со	mprehens	ive Assess	ment			
Physical Exam: Temp:	_ HR:		Resp:	O2sat:	BP:	Wt:	%:	
Ht: 9	%:	_	Head Circum	ference:	%:			
Hearing:					Allergies:			
-								
<b>Laboratory Studies:</b> Hemat	tocrit:		% Lead:		Hepatitis Panel:			
Immunizations: Up-to-date:	Yes:	_ No:	Current Med	lications:				
		Genera	l Appeara	nce/Mood	/Hygiene:			
General Appearance	Normal For Age	Abnormal	Relevant Information (from health history, parent/teacher, observations, etc.)					
Skin								
Head Shape								
Nose/Mouth/Throat								
Teeth								
Ears								
(1) External								
(2) Tympanic Membranes								
Eyes								
Lungs								
Heart								
Abdomen								
Genitalia								
Menstruation (Female)								
Neurological								
Muscular Coordination								
Bones/Joints/Muscles								
Glands, Lymphatic, Thyroid								

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Neurological/Social:  Normal For Age Abnormal General Statement of Abnormal Findings:  Gross Motor  Posture/Gait Fine Motor Communication Skills Cognitive Self-Help Skills Social Skills Social Skills	General Statement	t of Abno	rmal Fin	ndings	
Normal For Age     Abnormal Abnormal Abnormal Findings:       Gross Motor     Image: Communication Skills       Cognitive     Image: Communication Skills       Self-Help Skills     Image: Communication Skills       Social Skills     Image: Communication Skills					
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For Age Abnormal Findings:  Gross Motor Posture/Gait Fine Motor Communication Skills Cognitive Self-Help Skills Social Skills				Neurological/Social:	
Posture/Gait Fine Motor Communication Skills Cognitive Self-Help Skills Social Skills			Abnormal		
Fine Motor  Communication Skills  Cognitive  Self-Help Skills  Social Skills	Gross Motor				
Communication Skills Cognitive Self-Help Skills Social Skills	Posture/Gait				
Cognitive Self-Help Skills Social Skills	Fine Motor				
Self-Help Skills Social Skills	Communication Skills				
Social Skills	Cognitive				
	Self-Help Skills				
Speech	Social Skills				
speedi	Speech				
	Physician Signature				Dat

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