STONYHURST SOUTHVILLE INTERNATIONAL SCHOOL
Malarayat Campus

Mahogany Avenue, Brgy. Dagatan, Lipa City, Philippines
infolipa@stonyhurst.edu.ph
(043) 757 4878 ★ (0925) 811 1385

PRE-ADMISSION REPORT BY THE PHYSICIAN

HISTORY
PEDIATRIC

DATE: _____

Last Name	First Name		Middle Name
Attending Physician	Age	Sex	Religion

BIRTH HISTORY:

Newborn Problems: _____
_____
_____
_____

Term: _____ Type of Delivery: _____ Apgar Score: _____
Birth Weight:_____ Birth Length: _____ Head Circ: _____

DEVELOPMENTAL HISTORY:

Head Up_____
Rolled On _____
Sat Up _____
Stood Up _____
Walked _____
Sentence _____

1st tooth _____
Cup Training _____
Toilet Training _____
Others _____

Menarche _____ Tanner Stage _____

Remarks: _____
_____
_____
_____
_____

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IMMUNIZATIONS:

( ) BCG_____
( ) DPT_1_____
( ) DPT_2_____
( ) DPT_3_____
( ) DPT $Booster_1$_____
( ) DPT $Booster_2$_____
( ) DT_____
( ) OPV_1_____
( ) OPV_2_____
( ) OPV_3_____
( ) OPV $Booster_1$_____
( ) OPV $Booster_2$_____
( ) Tuberculin Test_____
( ) MMR_1_____
( ) MMR_2_____

( )Hepatitis B_1 _____
( )Hepatitis B_2 _____
( )Hepatitis B_3 _____
( )Hepatitis B Booster_____
( )H. $Influenza_1$ _____
( ) H. $Influenza_2$ _____
( ) H. $Influenza_3$ _____
( ) H. Influenza Booster_____
( ) Typhoid I. Vaccine_____
( ) Booster_____
( ) Booster_____
( ) Chicken Pox Vaccine_____
( ) Hepatitis A_1_____
( ) Hepatitis A_2_____
( ) Others _____

Allergies: Food: _____
Drug: _____

Feeding: ( ) Breast Milk ( ) Milk Formula

FAMILY HISTORY:

( )Asthma ( ) Hypertension ( ) Diabetes Mellitus
( )Allergies ( ) Heart Disease ( ) Kidney Disease
( ) Others_____

PAST MEDICAL HISTORY:

( ) Asthma_____
( )Hepatitis _____
( ) Measles _____
( ) Mumps_____
( ) Rubella_____
( ) Allergy_____
( ) Skin Diseases_____
( ) Otitis Media_____

( )Acute Gastroenteritis _____
( )Pneumonia/Broncho Pneumonia_____
( )Bronchitis _____
( )Dengue H. Fever_____
( )URTI_____
( )Chicken Pox_____
( )Urinary Infections_____
( )Rheumatic Fever_____

SURGERY/ OPERATIONS: _____
_____

Review of Systems:

( ) blurry vision
( ) dizziness
( ) headache
( ) cough/colds
( ) fever

( ) chest pain
( ) dyspnea
( ) numbness
( ) difficulty of swallowing
( ) vomiting

( ) diarrhea
( ) constipation
( ) abdominal pain
( ) dysuria
( ) Others: _____

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PHYSICAL EXAMINATION:

Vital signs: BP: _____ PR: _____RR_____ Temp _____ Wt_____ Ht_____
Skin: _____

HEENT: _____

Neck: _____

Chest/Lungs: _____

Heart: _____

Abdomen: _____

Extremities: _____

Neurological Exam: _____

IMPRESSIONS: _____

Informant:

_____
Name – Relation to Child

Accomplished by:

_____
Signature over Printed Name