Coastal Children's Clinic
Excellence in Pediatrics For Over 50 Years!

New Bern
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New Bern, NC 28562
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f(252)633-9609
Monday-Friday 8-5
Sat 8-12; Sun 12-4

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218 Stonebridge Sq
Havelock, NC 28532
v(252)447-8100
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Monday-Friday 8-5

Maysville
1004 Jenkins Ave
Maysville, NC 28555
v(910)743-2022
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Monday-Friday 8-5

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GENERAL PHYSICAL EXAMINATION REPORT

Child's Name : _____Date of Birth: _____

PROVIDER: Please complete the following 3 sections.

1 – Mandatory Screenings: ***Lead Test**: _____Date:_____ ***HCT/HGB**: _____ Date:_____
*Must be part of the physical examination.

Other Screenings: Blood Pressure: ____/____ Height: _____ Weight: _____ Vision: _____ Hearing: _____

2 – General Exam:

Evaluation	Normal	Abnormal	Evaluation	Normal	Abnormal
Skin			Abdomen & Groin		
Posture, Gait			Genitalia & Urinary		
Speech, Communication			Bones, Joints		
Head			Neurological		
Eyes			Gross & Fine Motor		
Ears			Muscles		
Nose			Cognitive		
Mouth, Teeth, etc.			Self Help		
Heart & Circulatory			Social Skills		
Chest & Lungs			Glands: Thyroid, Lymph		
Allergies			Nutrition		

3 – Findings and Follow-up:

☐ **Normal**
or
☐ **Following conditions were discovered:** _____

_____

Recommended Follow-up: _____

Provider Signature: _____**Exam Date:** _____