PEDS-C
Vital Signs and Symptom Directed Physical Exam

36515

Please Use Black Pen To Fill Out Form.

Week # | Date of Assessment (mm / dd / yyyy) | Patient ID | Patient Letter Code | ○ Correction

Instructions

Use this form to record vital signs and physical exam results when indicated.

Vital Signs and Physical Measurements

CRA Use Only

1. Weight: ___ . ___ kg
2. Height: ___ . ___ cm
3.A. Temperature: ___ . ___ C
3.B. Site: ○ Oral ○ Tympanic ○ Axillary ○ Not possible to measure *vstmpsit*
4. Blood Pressure: A. Systolic ___ mmHg B. Diastolic ___ mmHg ○ Unable to obtain
5. Pulse: ___ bpm ○ Unable to obtain

Physical Exam

6. Was a symptom directed physical exam indicated at this visit? ○ Yes ○ No

If **No**, skip to item 9.
If **Yes**, indicate if the listed body area or organ system is within normal limits. Specify or comment if the response is **No**.

7. Body areas	1. Yes	No	NA	2. Specify / Comment
A. Head, eyes, ears:	○	○	○	
B. Nose, mouth, throat:	○	○	○	
C. Neck:	○	○	○	
D. Chest (including breasts, axillae):	○	○	○	
E. Genitalia, groin, buttocks:	○	○	○	
F. Abdomen:	○	○	○	
G. Each extremity:	○	○	○	
H. Back, including spine:	○	○	○	
I. Skin:	○	○	○	

Signature: _____ **Certif. #:** ___ - ___

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49801

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CRA Use Only

Physical Exam (Continued)

8. Organ systems

	1. Yes	No	NA	2. Specify
A. Neurologic:	○	○	○	
B. Psychologic:	○	○	○	
C. Genitourinary:	○	○	○	
D. Hematologic / Lymphatic:	○	○	○	
E. Allergies / Immunologic:	○	○	○	
F. Musculoskeletal:	○	○	○	
G. Other:	○	○	○	

Referral

9.A. Was the patient referred to another health professional? ○ **Yes** ○ **No**

B. Reason for referral: _____

C. Date of referral: ___ / ___ / ____ (mm / dd / yyyy)

D. Name of health professional: _____

Signature: _____ **Certif. #:** ___ - ____

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44230

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Week # | **Date of Assessment** (mm / dd / yyyy) | **Patient ID** | **Patient Letter Code** | ○ **Correction**

Physical Exam (Continued)

CRA Use Only

10. Is the patient a sexually active female at least 10 years old or a sexually active male? **Yes** ○ **No** ○

If **No**, skip to signature and certification #.

11. Indicate all types of contraception used (Answer each item):

	Yes	No
A. Oral contraceptive	○	○
B. Intrauterine contraceptive device	○	○
C. Depot contraceptives (implants, injectables)	○	○
D. Physical barrier (condom, diaphragm)	○	○
E. Abstinence	○	○
F. None	○	○
G. Other	○	○

Specify

Signature: _____ **Certif. #:** -