



COLLEGE OF NURSING  
UNIVERSITY OF THE PHILIPPINES  
MANILA



Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

**PRESCHOOLER ASSESSMENT FORM**

<b>Date:</b>		
<b>Client Name:</b>	<b>Sex:</b>	<b>Age:</b>
<b>Person giving information:</b>		
<b>Reason for visit (Well check):</b>		
<b>Interim History since last well child visit:</b>		
<b>Concerns to discuss today:</b> <i>(present history in logical, chronological order)</i>		
<b>Past Medical History (PMH):</b> <i>(include dates of hospitalizations/surgeries)</i>		
<b>Family Medical History (FMH):</b> <i>(ages/illnesses of relatives)</i>		
<b>Medications:</b> <i>(Include names, dosages, and frequencies of prescription, over the counter, and alternative therapies)</i>		
<b>Allergies:</b> <i>(Include drug, food, and environmental allergies and patient's reaction)</i>		
<b>Social History:</b> <i>(Include who lives at home, who cares for the child/daycare, smoke exposure, pets)</i>		
<b>Nutritional Assessment:</b>  Breastfeeding ____min every ____hours. Mother's assessment of milk production: _____ milk _____ oz every ____ hrs (bottle/cups)	Other liquids (water/juice): Other foods/ Appetite/Schedule: Wet diapers per day: Stools per day: Parent concerns regarding nutrition or output:	



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**Mental Health Assessment:**

<i>Tantrums</i>	
<i>Behavior challenges</i>	
<i>Sleep problems</i>	
<i>New family stresses</i>	
<i>Parenting needs</i>	
<i>Child abuse risk</i>	

**Developmental Assessment/Ages and Stages:**

Milestones achieved:

gross motor	fine motor	language	personal-social

**Review of Systems:**

*Physical Exam:*

Vital signs

Weight \_\_\_\_\_, Length/Height \_\_\_\_\_, Head circumference \_\_\_\_\_, BMI \_\_\_\_\_  
Temperature \_\_\_\_\_, Pulse \_\_\_\_\_, Respiratory Rate \_\_\_\_\_, Blood Pressure (if applicable) \_\_\_\_\_

*General appearance:*

Head Eyes Ears and Nose Mouth and Teeth Oropharynx Neck/nodes Respiratory	Cardiovascular Abdominal Genitalia Musculoskeletal Neurologic/Reflexes Skin Other
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**Screening:**

(Vision, Hearing, Hemoglobin, Dental screening, etc.)

**Health Education/Anticipatory Guidance:**

**Immunizations** indicated today:

Next Well Check:

**Significant Findings:**

UPCN

Reference:

Hairfield, A. & McCormick, D. (2017, October 20). *Health Assessment of the School-Age Child (5-12 years)*. The University of Texas Medical Branch.  
[https://www.utmb.edu/Pedi\\_Ed/CoreV2/WellChild/WellChild10.html](https://www.utmb.edu/Pedi_Ed/CoreV2/WellChild/WellChild10.html)