



COLLEGE OF NURSING
UNIVERSITY OF THE PHILIPPINES
MANILA



Student's Name: _____

Date: _____

SCHOOL-AGE CHILD ASSESSMENT FORM

Date:		
Client Name:	Age:	Sex:
Person giving information:		
Reason for visit (Well check):		
Interim History since last well child visit:		
Concerns to discuss today: <i>(present history in logical, chronological order)</i>		
Past Medical History (PMH): <i>(include dates of hospitalizations/surgeries)</i>		
Family Medical History (FMH): <i>(ages/illnesses of relatives)</i>		
Medications: <i>(Include names, dosages, and frequencies of prescription, over the counter, and alternative therapies)</i>		
Allergies: <i>(Include drug, food, and environmental allergies and patient's reaction)</i>		
Social History: <i>(Include who lives at home, who cares for the child/daycare, smoke exposure, pets)</i>		
Nutritional Assessment: Liquid intake: <i>(water/milk/other – such as juice/sugary drinks)</i> Food groups consumed: Discuss portion sizes	Snack choices: Urination: Stooling: Parent concerns regarding nutrition:	



**COLLEGE OF NURSING
UNIVERSITY OF THE PHILIPPINES
MANILA**



Mental Health Assessment:

<i>Behavior challenges</i>	
<i>Sleep problems</i>	
<i>Family stresses</i>	
<i>Parenting needs</i>	
<i>Child abuse risk</i>	

Developmental Assessment/Ages and Stages:

<i>School performance/ extra-curricular activities</i>	
<i>Communication effectiveness (verbal/written)</i>	
<i>Interpersonal relationships</i>	

Review of Systems:

Physical Exam:

Vital signs

Weight_____, Height _____, BMI _____

Temperature_____, Pulse_____, Respiratory Rate_____, Blood Pressure_____

General appearance:

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

Screening:

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



COLLEGE OF NURSING
UNIVERSITY OF THE PHILIPPINES
MANILA



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