

Southeast Denver Pediatrics, P.C.

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General Health Appraisal Form

To Be Completed By Parent:

Child's Name: _____ Birthdate: _____

Allergies: None

Describe: _____

Type of Reaction: _____

Diet: Breast Fed

Formula: _____ Age Appropriate

Special Diet: _____

Preventive creams/ointments/sunscreen may be applied as requested in writing by parent, unless the skin is broken.

Sleep: Your healthcare provider recommends all infants less than 1 year of age be placed on their back for sleep.

I, _____, give consent for my child's healthcare provider, school, or camp personnel to discuss my child's health concerns. My child's healthcare provider may fax this form (and applicable attachments) to my childcare provider, school, or camp.

Fax Number: _____

Parent or Legal Guardian Signature

Date: _____

Authorization Expires 365 days from this date.

To Be Completed by Healthcare Provider:

Date of last exam: _____ Recent Weight: _____ Hgb: _____ BP: _____

Physical Exam: Normal Abnormal (See explanation of significant health concerns.)

Significant Health Concerns: None Reactive Airways Disease Seizures Diabetes

Developmental Delays Vision Hospitalizations Severe Allergies Other: _____

Explanation: _____

Current Medications: None Describe: _____

Fever reducer or pain reliever (mark only one product: maximum 3 consecutive days without additional medical authorization)

Acetaminophen (Tylenol®) may be given for pain or fever over 102° every 4 hours as needed
(See attached dosage schedule from our office)

Ibuprofen (Motrin®, Advil®) may be given for pain or fever over 102° every 6 hours as needed
(See attached dosage schedule from our office)

Immunizations: Up-to-Date

Next Well Visit: Per AAP Guidelines Age: _____

This child is healthy and may participate in all routine activities, sports, camps, and child care. Any concerns or exceptions are identified on this form.

Signature of Healthcare Provider

Date: _____