

Pediatric Outpatient Physical Assessment Template

Demographic Information

Child's Full Name: Date of Birth:
Adjusted Age (if applicable): Gender:
Parent/Guardian Name(s): Phone Number:
Date of Assessment: Referring Physician:

Subjective History & Concerns

Chief Complaint / Reason for Referral:
Prenatal / Birth History:
Medical History / Diagnoses / Surgeries:
Developmental Milestones (Delayed / On Track):
Equipment / Orthotics Currently Used:

Objective Assessment

Vital Signs & Measurements

Heart Rate (bpm): Respiratory Rate (bpm):
Height/Length: Weight:

Neuromotor & Musculoskeletal Status

Muscle Tone (Hyper/Hypo/Normal): Deep Tendon Reflexes:
Range of Motion (ROM): Muscle Strength:
Posture / Alignment: Balance (Static & Dynamic):

Gross Motor Skills

Prone / Supine Skills:
Sitting Balance & Transitions:
Crawling / Creeping / Pull-to-Stand:
Standing Balance & Cruising:
Gait / Locomotion:
High-Level Motor (Jump, Hop, Skip):

Clinical Summary & Plan of Care

Assessment / Clinical Impression:
Short-Term Goals (STG):
Long-Term Goals (LTG):
Recommended Frequency of Therapy:
Recommended Duration:

Therapist Name / Credentials:

Therapist Signature: