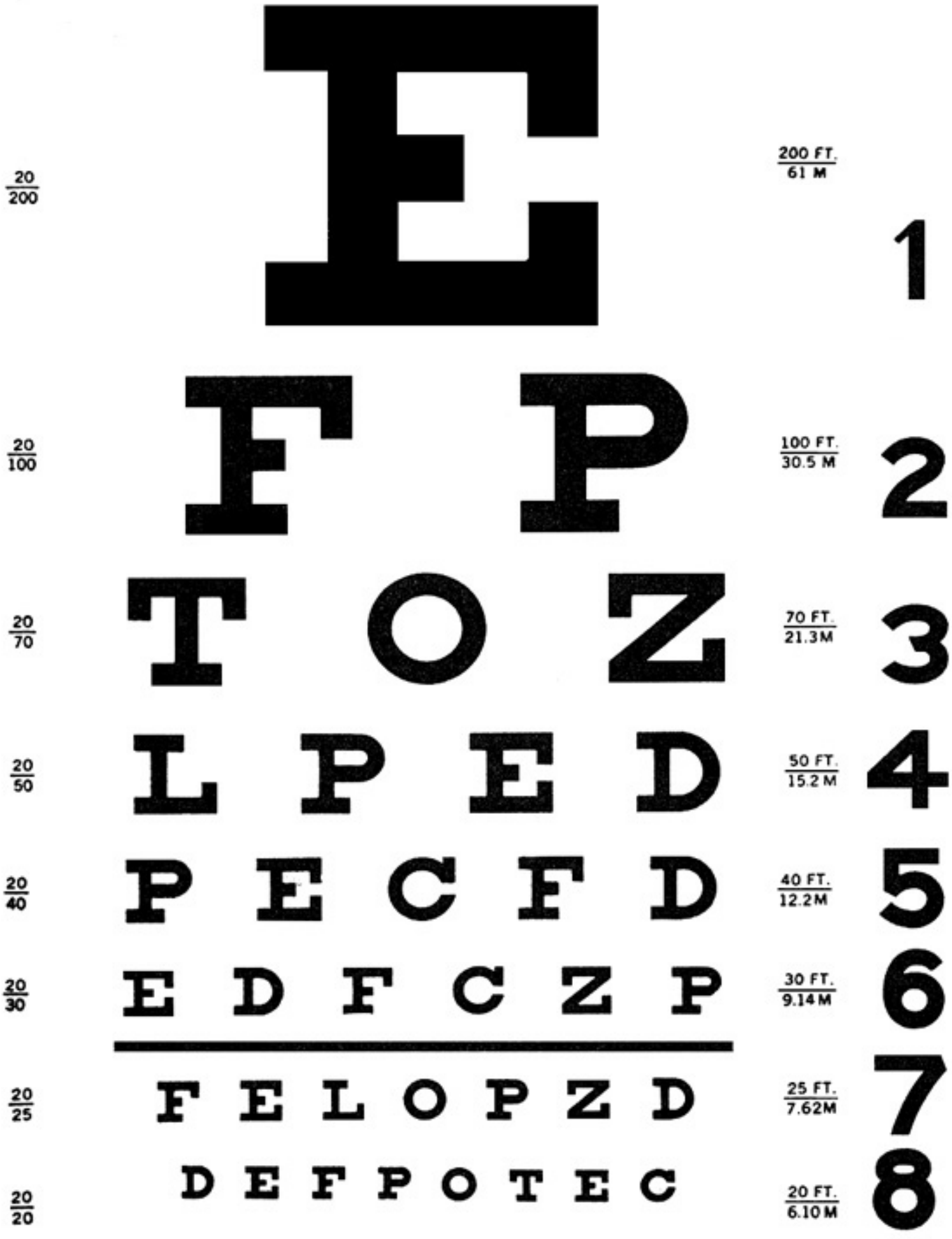
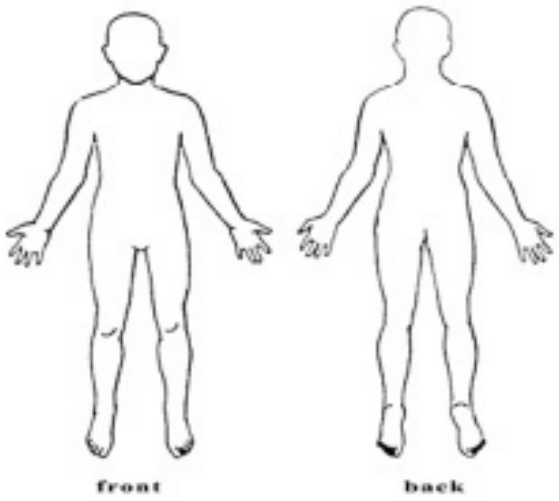

20/200
200 FT. 61 M
1
E
20/100
100 FT. 30.5 M
2
F P
20/70
70 FT. 21.3M
3
T O Z
20/50
50 FT. 15.2 M
4
L P E D
20/40
40 FT. 12.2M
5
P E C F D
20/30
30 FT. 9.14 M
6
E D F C Z P
20/25
25 FT. 7.62M
7
F E L O P Z D
20/20
20 FT. 6.10 M
8
D E F P O T E C

Patient Form

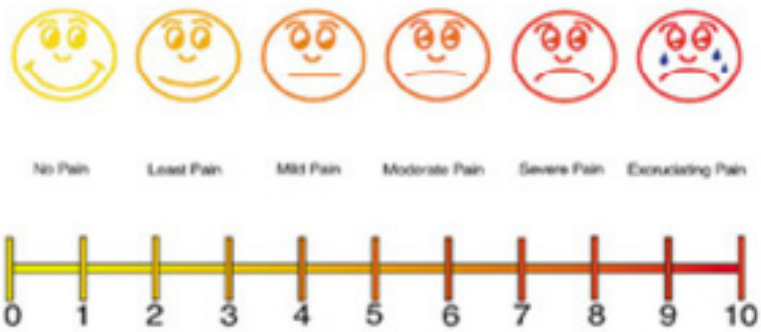
Please fill out the following form. Give the form to the Doctor when your name is called

Name of Patient:_____

Please circle the parts of your body where you feel pain



On a scale of 1 to 10 how bad is the pain?



When did the pain begin?_____

Please circle Y for YES or N for NO for the follwing questions:

Do you have a fever? Y N
Do you have trouble breathing? Y N
Do you have a headache? Y N
Do you have a rash? Y N If so, where?_____
Do you feel dizzy? Y N
If yes, when? (please circle) All Day In the Morning In the Evening At Night
Are you on any medications? Y N
If yes, what kind?_____
Anything else you want to tell the Doctor?_____
_____

Physical Exam

Name of Patient: _____

MEASUREMENTS

Height: _____
Head Circumfrence: _____
Leg Length:
Right: _____ Left: _____
Arm Length:
Right: _____ Left: _____

WEIGHT: _____

RESTING HEART RATE: (circle) 75bmp good 120bpm high 50bpm low

BLOOD PRESSURE: (circle) 120/80 good 140/95 high 110/67 low

CHECK EACH AREA

THROAT: (circle)
Swollen Left Tonsil Red Bumps
Swollen Right Tonsil White Bumps
Both Tonsils Swollen Healthy

LUNGS: (circle)
Wheezy Difficulty Breathing
Asthmatic Congested (Wet)
Coughing Healthy

LEFT EYE: (circle)
Red Swollen
Pink Eye Stye
Watery Healthy

RIGHT EYE: (circle)
Red Swollen
Pink Eye Stye
Watery Healthy

LEFT EAR: (circle)
Hearing Loss
Fluid Red
Swollen Healthy

RIGHT EAR: (circle)
Hearing Loss
Fluid Red
Swollen Healthy

NOTES:

_____
_____
_____
_____
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_____
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_____
_____
_____

Dr. Kid's
Family Practice
emergency care open 24 hours
will make house calls

Rx write prescription name & notes here

25 ☐ 50 ☐ 75 ☐ 100 ☐ 1 ☐ 2 ☐ 3 ☐

_____doses _____ times a:(circle) DAY WEEK

EXTRA ADVISE: (circle applicable)

PHARMACY: Walmart RITE AID TARGET CVS COSTCO

Doctor:_____Date:_____
Signature:_____

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