

CapitalCare Pediatrics Albany  
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Name \_\_\_\_\_ DOB \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

**I. Immunizations**

**II. Allergies** \_\_\_\_\_

(Please see attached immunization record)

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**III. Unreported previously: surgical procedures, significant infections, or serious injuries.**

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**IV. Medical Conditions.**

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**V. Date of Physical Exam** \_\_\_\_\_ **BMI** \_\_\_\_\_ **BMI Percentile** \_\_\_\_\_

**Height** \_\_\_\_\_ **Weight** \_\_\_\_\_ **B.P.** \_\_\_\_\_

**Visual Acuity - Uncorrected** R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Both 20/ \_\_\_\_\_

**Corrected** R20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Both 20/ \_\_\_\_\_

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**VI. Check off legend for physical convenience:**

\_\_\_\_\_ No abnormality  **X** \_\_\_\_\_ Abnormal  **O** \_\_\_\_\_ Not Done

Nutrition (over, under) \_\_\_\_\_ Heart (murmur, size, rhythms, rate) \_\_\_\_\_

Hair (scalp, genital) \_\_\_\_\_ Peripheral Pulse \_\_\_\_\_

Eyes (coordination, etc.) \_\_\_\_\_ Lungs \_\_\_\_\_

Nose and Nasal Passages \_\_\_\_\_ Abdomen and Hernia \_\_\_\_\_

Ears (cerumen, hearing) \_\_\_\_\_ Genitals \_\_\_\_\_

Speech and Palate \_\_\_\_\_ Tonsils and Larynx \_\_\_\_\_

Arms, Hands, Legs \_\_\_\_\_ Lymph Nodes \_\_\_\_\_

Feet \_\_\_\_\_ Thyroid \_\_\_\_\_

Spine and Posture \_\_\_\_\_ Chest \_\_\_\_\_

Neurological \_\_\_\_\_ Skin \_\_\_\_\_

Scoliosis Screening: (circle one) Positive Negative Tanner Stage: I II III IV V

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**VII. Medications:**

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**VIII. Classification for physical activity:** \_\_\_\_\_ Unlimited \_\_\_\_\_ Limited

Physician Signature \_\_\_\_\_

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