

PEDIATRIC EXAMINATION

Name : _____ First name : _____ File : _____ Date : _____

GENERAL APPEARANCE :

VITAL SIGNS :

Blood pressure : Left ___/___ Right ___/___

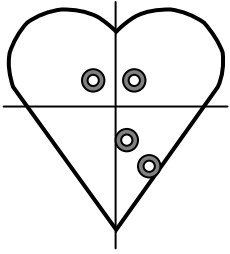
Pulse : Left ___/min. Right ___/min.

Respiratory rate : ___/min.

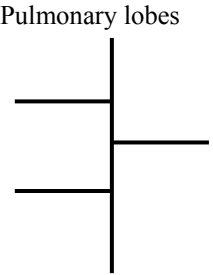
Temperature : _____

Weight : _____ Height : _____

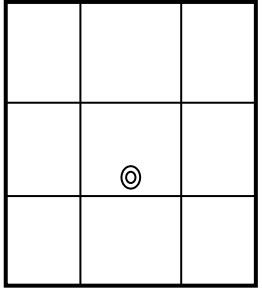
HEART :



LUNGS:



ABDOMEN :



EYES :

EARS:

	Right	Left
Redness		
Bulging		
Retraction		
Liquid		
Wax		
Cone of light		

GENERAL MOBILITY :

HIPS :

	Right	Left
Barlow :	_____	_____
Ortolani	_____	_____

SUBLUXATIONS											
				Occ	C1	C2	C3	C4	C5	C6	C7
T1	T2	T3	T4	T5	T6	T7	T8	T9	T10	T11	T12
L1	L2	L3	L4	L5	S.I.			Coc			
Others :											

REFLEXES :

	Duration	Positive	Negative
Sucking	from 0 to 3-4 months		
Grip	from 0 to 3-4 months		
Walking	variable		
Galant	from 0 to 2 months		
Tonic	from 2 to 6 months		
Vertical suspension	0 à 4 months		
Babinski	from 0 to 2 months		
Reverse Fencer	0 to 6 months	Rt.	Lt.
Oculo-auditive	variable		
Moro	from 0 to 3 months		
Parachute	from 4 à ++		
Perez	de 0 à 3 mois		

++ signifie persistence
