



**Hand in Hand**  
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## Physical Form

*To be filled out by child's physician.*

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

<b>Hemoglobin/ Hematocrit:</b>	<b>Lead:</b>	<b>Height:</b>	<b>Weight</b>	<b>Blood Pressure</b>
<b>Urinalysis Results</b>	<b>Vision: L: R:</b>	<b>Developmental Screening:</b>		<b>Hearing:</b>
<b>Does the examination reveal abnormality?</b>	<b>Normal</b>	<b>Abnormal</b>	<b>Not Examined</b>	<b>Description:</b>
<b>Appearance, Gait, Posture</b>				
<b>Speech/ Language</b>				
<b>Behavior during exam</b>				
<b>Skin</b>				
<b>Eyes: Extraocular Movement</b>				
<b>Ears: Canal, Tympanic Mem.</b>				
<b>Nose, Mouth, Tonsils, Pharynx</b>				
<b>Teeth</b>				
<b>Heart</b>				
<b>Lungs</b>				
<b>Abdomen</b>				
<b>Genitalia</b>				
<b>Extremities, Feet</b>				
<b>Neurological</b>				
<b>Other</b>				
<b>Disability:</b>			<b>Treatment:</b>	

**Recommendations:** \_\_\_\_\_

**Signature of Physician:** \_\_\_\_\_

**Clinic:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Hand in Hand is a non-profit organization that assists families with special needs. We exist to expand the capabilities, confidence and quality of life for children and young adults of all abilities by providing programs designed to encourage fun, learning and social interaction in a positive environment.*