

Child's Name _____

BASELINE DATA

Normal Vital Signs:			
Pulse rate: _____ Site best taken: _____			
Blood pressure: _____ Site best taken: _____			
Temperature: _____ Site best taken: _____			
Respiratory Rate: _____ per minute Oxygen Saturation: _____			
Pupils (normal, dilated, constricted, equal): _____			
Skin color: _____			
Blood draw site: _____			
Systems (Baseline Data)	OK ✓	Problem ✓	Comments/Description
CNS / Sensory			
Heart / Blood (include recent blood counts)			
Gastrointestinal			
Respiratory (describe breathing sounds)			
Genitourinary			
Musculoskeletal			
Baseline X-ray findings			
Developmental			
Communication			Does your child speak? Yes No Can s/he be understood by others? Yes No What language does your child speak? _____ Name of interpreter, if language other than English: _____
			Does your child use (Please circle all that apply): picture board computer keyboard sign language gesture/facial other (specify) _____
			Is your child hearing impaired? Yes No
			Is your child legally blind? Yes No
Others:			