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## MEDICAL DIAGNOSTIC EVALUATION FORM

### Identifying Data

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

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ District: \_\_\_\_\_

### **I. General Findings**

Significant findings on (describe any abnormalities):

#### A. General physical examination

Height	_____	Weight	_____	BP	_____	Lymphatics	_____
Skin	_____	Head	_____	Eyes	_____	Ears	_____
Nose	_____	Teeth	_____	Neck	_____	Chest	_____
Back	_____	Abdomen	_____	Genitalia	_____	Extremities	_____

#### B. Vision

#### C. Speech and hearing

### **II. Specific Findings**

Significant findings:

#### A. General neurological examination

Gait	_____	Station	_____	Muscle Power	_____
Muscle Tone	_____	Reflexes	_____	Cranial Nerves	_____

**B. Motor abnormalities**

Gross Motor Coordination: \_\_\_\_\_

Fine Motor Coordination: \_\_\_\_\_

**C. Sensory abnormalities****III. Behavioral Problems (check if observed or reported by informant**☐ Hyperactive☐ Withdrawn☐ Short attention span☐ Disturbed sleep pattern☐ Distracted☐ Other (please describe) \_\_\_\_\_**IV. Medical and emotional diagnosis, treatment, medications and educational recommendations (include medication(s) as prescribed)****V. This is to certify that the above-named child has had a complete physical examination.**\_\_\_\_\_  
Physician's Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Print physician's name\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_