down syndrome care hub

Assessments & Clinic Visits for Pediatric Care in Down syndrome

Organized by Developmental Stage

Patient Information

First name: _____ Personal Health Number: _____ Phone: _____

Last name: _____ Date of birth: _____ Age: ____ Email: _____

Notes	
Reason for visit	
Presenting problem	
Growth	
Immunizations	
Blood test	
Heart	
Hearing and vision	
Stomach or bowel problems	

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	Notes
Musculoskeletal	
Neurologic dysfunction	
Sleep issues	
Skin	
Behavioural management	
Sexuality	
Transition	

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Notes	
Additional notes	

Next Steps:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Physician Name: _____

Address: _____

Phone: _____

Email: _____

Fax: _____

Physician Signature: _____

Date: _____