**PEDIATRIC DOCTOR’S NOTE**

**[Pediatric Clinic Name]**

**[123 Health St.,]**

**[Wellness City, ST 12345]**

**[City, State, Zip]**

**Patient Information:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child's Name: |  |  | | | | | | | | | |
|  |  |  | | | | | | | | | |
| Date of Birth: |  | \_\_/\_\_/\_\_\_\_ |  | Gender: |  | Male | |  | | Female | |
|  |  |  |  |  | |  | |  | |  |
| Date of Visit: |  | \_\_/\_\_/\_\_\_\_ | Patient ID: |  | | | | | | |

**Parent/Guardian Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  |  | Relation to Child: |  |

**Diagnosis/Assessment:**

|  |
| --- |
|  |

**Treatment Plan:**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Dates of Absence**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| From: | \_\_/\_\_/\_\_\_\_ |  | To: | \_\_/\_\_/\_\_\_\_ |

**Doctor Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  |  | Medical license: |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |