PAEDIATRIC CLINICIAN'S NAME		DATE OF ADMISSION
PATIENT'S HOSPITAL NUMBER	DATE OF BI AGE ?	HOSPITAL
Male or female. Fami	ily history	Any allergies:
MEDICAL PROBLEM(S) AND DIAC	GNOSIS.	
DESCRIBE MAIN TREATMENTS GIVEN INCLUDING ANY RESUSCITATION		
Any complications		
DESCRIBE ANY PREVIOUS MED PROBLEMS	ICAL	
DESCRIBE ANY FAMILY OR S PROBLEMS	OCIAL	
Birth wt. Ar	ny complications pregnancy o	r delivery
Fe	eeding history	
Immunisations so fa	Ir?	
Any developmental delay		
DID THE CHILD SURVIVE? IF NOT DESCRIBE WHAT HAPPENED		
Signature of trainee	Signature	of trainer

LOG BOOK OF HOSPITAL CARE UNDERTAKEN BY PAEDIATRIC CLINICIANS