...ortion must ...leted by ...ol personnel prior to referral for physical examination.

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Corpus Christi, Texas

Medical Assessment Record
Routine Data

Name *Carlos DeLeon* Sex *M* Age *13* Birthdate *3-15-62*

Parent or Guardian *Maria De Leon* Telephone *855-6759*

Vision: R ______ L ______

Address *3819 Blanco* Hearing: R ______ L ______

Reason for Referral (School Related Problems): *Carlos was tested on 3-8-74 and he appears to have language-learning disorders L.D. and would benefit from the teacher helping him in the resource room*

Signature of Referring Person: *[signature]* (name) *Counselor* (Title) *2-19-76* (date)

TO THE PHYSICIAN: Please complete the following section as you deem necessary. If you would like information on the results of the psychological evaluation of this child, contact: Dr. Alan T. Fisher, Diagnostic Services, Coles Elementary School, 924 Winnebago, Corpus Christi, Texas 78401 (888-8179).

Does the Examination reveal any abnormality in:	Abnormal	Normal	Not Examined
General Appearance, Posture, Gait		✓	
Speech		✓	
Behavior During Examination		✓	
Skin		✓	
Eyes: Externals, Fungi		✓	
Ears: External and Canals			
Nose, Mouth, Pharynx			
Teeth			
Lymph Nodes			
Thyroid			
Heart			
Lungs			
Abdomen			
Genitalia			
Bones, Joints, Muscles		✓	
Neurological Examination			

Weight ______ Height ______
Blood Pressure ______

	Present	Absent	Unknown
Fine-motor difficulty	✓		
Gross-motor difficulty		✓	
Visual-perceptual difficulty		✓	
Auditory-perceptual difficulty		✓	
Attention-span difficulty		✓	
Overactive		✓	
Seizures		✓	
Abnormal EEG			

Other ______

Physician's Comments, etc. *fine motor difficulty minimal & will not impair performance*

1. General state of health: Poor ______ Good ______ Excellent ✓
2. Do you feel that any of the above findings might indicate possible neurological difficulties and/or minimal cerebral dysfunction: Yes *Possibly* No ______; suspect Mental-Retardation? Yes ______ No ✓ Unknown ______
3. Is this child currently under medication? If so, describe: *No*
4. Does this child have any chronic physical illness or handicap that might affect performance in school? If so, describe: *Specific learning deficits only*

[signature] MD *1224 Third* *883-1731* *26 Feb 76*
Physician's Signature Address Telephone Date

The examining physician has my permission to share medical information with the Corpus Christi Independent School District.

[signature]
Signature of parent/legal guardian