**REVIEW OF SYSTEMS**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*Please check only the symptoms your child currently has\*\***

**General**

* Abnormal weight gain
* Abnormal weight loss
* Fa8gue/weakness
* Frequent fevers
* Trouble sleeping

**Skin**

* Rash
* Lumps
* Itching
* Excessively dry skin
* Sun sensi8vity
* Hair and nail changes

**Head/Neck**

* Frequent headaches
* Head injury
* Neck pain
* Neck s8ﬀness
* Swollen glands
* Lumps

**Eyes**

* Eye redness
* Eye pain
* Eye discharge
* Blurry or double vision
* Vision loss
* Wear glasses/contacts

**Ears**

* Decreased hearing
* Frequent ear pain

 Ear drainage

**Nose**

* Constant nasal conges8on
* Nasal discharge/drainage
* Frequent nosebleeds
* Sinus pain

**Throat/Mouth**

|  |  |  |  |
| --- | --- | --- | --- |
| □ | Bleeding gums | □ | Joint redness |
| □ | Dry mouth | □ | Back pain |
| □ | Constantly sore throat | □ | Trauma |
| □ | Hoarse voice | □ | Diﬃcul8es walking |
| □ | Thrush |  |  |
| □ | Non-­‐healing sores | **Neurologic** |
|  |  | □ | Dizziness |
| **Respiratory** | □ | Fain8ng |
| □ | Frequent cough | □ | Seizures |
| □ | Coughing up phlegm | □ | Weakness |
| □ | Shortness of breath | □ | Tingling/numbness |
| □ | Wheezing | □ | Tremor (shaky hands) |
| □ | Pain with breathing | □ | Tics |
|  |  | □ | Balance diﬃculty |
| **Cardiovascular** | □ | Gait abnormality |
| □ Chest pain or discomfort | □ | Headache |
| □ | Chest 8ghtness | □ | Loss of strength |
| □ | Palpita8ons (rapid |  |  |
|  | heartbeat) | **Psychiatric/Behavioral** |
| □ Shortness of breath with | □ | Frequent temper |
|  |  | □ | tantrums |
|  | Severe separa8on |
| **GastrointesInal** | □ | anxiety |
| □ | Diﬃculty swallowing | Sleep diﬃcul8es |
| □ | Heartburn | □ | Behavioral problems |
| □ | Nausea | □ | School problems |
| □ | Frequent vomi8ng |  |  |
| □ | Cons8pa8on |  |  |
| □ | Diarrhea |  |  |
| □ Blood in stool |  |  |
|  |  |  |  |

**Urinary**

* Frequent urina8on
* Urgency to urinate
* WeWng accidents
* Burning/painful urina8on
* Lower back pain
* Dark or bloody urine

□ Decreased urine

**Musculoskeletal**

* Painful joints
* Frequent muscle aches
* Swollen joints