**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