





Review of Systems

Is your child currently having problems with any of the following:

	Y	N	Explanation
<b>ALLERGY/IMMUNONOLGY:</b> Food allergies, plant allergies, environmental allergies			
<b>CARDIOCASCULAR:</b> Chest pain, rheumatic fever, rapid heart beat, high blood pressure, swelling, dizziness, faintness			
<b>EARS, NOSE, MOUTH &amp; THROAT:</b> Soreness and/or redness of gums, hoarseness, difficulty in swallowing, head colds, discharges, obstruction, postnasal drip, sinus pain, earaches			
<b>ENDOCRINE:</b> Thyroid trouble, heat or cold intolerance, excessive sweating, thirst, hunger			
<b>GASTROINTESTINAL:</b> Appetite, nausea, vomiting, diarrhea, constipation, indigestion, food intolerance, hemorrhoids, jaundice, bowel control			
<b>GENERAL:</b> Recent weight changes, fever, weakness, fatigue, headaches			
<b>GENITOURINARY:</b> <b>Male:</b> Hernias, testicular problems, penile problems <b>Female:</b> Discharge, pain, discomfort <b>Urinary:</b> Frequent or painful urination, blood in urine, urinary infections, wetting			
<b>HEMATOLOGIC:</b> Anemia, easy bruising or bleeding, past transfusions			
<b>NEUROLOGIC:</b> Fainting, blackouts, seizures, paralysis, tingling, tremors, memory loss			
<b>PAIN:</b> Are you experiencing pain now? Is pain part of the reason why you are visiting clinic today?			
<b>PSYCHIATRIC:</b> Nervousness, mood swings, insomnia, headache, nightmares, depression			
<b>RESPIRATORY:</b> Chest pain, wheezing, cough, difficulty breathing, asthma, bronchitis, pneumonia, tuberculosis			
<b>SKIN:</b> Rashes, eruptions, dryness, jaundice, changes in skin, hair or nails, discoloration of skin			

I have reviewed the Medical Questionnaire with the patient and/or family.

\_\_\_\_\_ Faculty Signature

\_\_\_\_\_ Date

Reviewed: \_\_\_\_\_ Date: \_\_\_\_\_  
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