

REVIEW OF SYSTEMS- Child Brief

Name: _____ DOB: _____

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

General

- Abnormal weight gain
- Abnormal weight loss
- Fatigue/weakness
- Frequent fevers
- Trouble sleeping

Skin

- Rash
- Lumps
- Itching
- Excessively dry skin
- Sun sensitivity
- Hair and nail changes

Head/Neck

- Frequent headaches
- Head injury
- Neck pain
- Neck stiffness
- Swollen glands
- Lumps

Eyes

- Eye redness
- Eye pain
- Eye discharge
- Blurry or double vision
- Vision loss
- Wear glasses/contacts
- Other: _____

Ears

- Decreased hearing
- Frequent ear pain
- Ear drainage

Nose

- Constant nasal congestion
- Nasal discharge/drainage
- Frequent nosebleeds
- Sinus pain
- Decreased sense of smell

Throat/Mouth

- Bleeding gums
- Dry mouth
- Constantly sore throat
- Hoarse voice
- Thrush
- Non-healing sores

Respiratory

- Frequent cough
- Coughing up phlegm
- Shortness of breath
- Wheezing
- Pain with breathing

Cardiovascular

- Chest pain or discomfort
- Chest tightness
- Palpitations (rapid heartbeat)
- Shortness of breath with exertion

Gastrointestinal

- Difficulty swallowing
- Heartburn
- Nausea
- Frequent vomiting
- Constipation
- Diarrhea
- Blood in stool

Urinary

- Frequent urination
- Urgency to urinate
- Wetting accidents
- Burning/painful urination
- Lower back pain
- Dark or bloody urine
- Decreased urine

Musculoskeletal

- Painful joints
- Frequent muscle aches
- Swollen joints

- Joint redness
- Back pain
- Trauma
- Difficulties walking

Neurologic

- Dizziness
- Fainting
- Seizures
- Weakness
- Tingling/numbness
- Tremor (shaky hands)
- Tics
- Balance difficulty
- Gait abnormality
- Headache
- Loss of strength

Psychiatric/Behavioral

- Frequent temper tantrums
- Severe separation anxiety
- Sleep difficulties
- Behavioral problems
- School problems