**Review of Systems Questionnaire Patient Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

To each of the following questions answer yes if your child is currently having or has had problems with the symptom mentioned in the last six months.

General:

Weight loss Yes No

Weight gain Yes No

Appetite Loss Yes No

Skin:

Rashes Yes No

Change in Color Yes No

Change in Moles Yes No

Sunburn Yes No

Easy Bruising Yes No

Itching Yes No

Hair loss Yes No

Change in Hair Yes No

Lymph:

Enlarged/Painful

Glands Yes No

Eyes:

Crossed Eyes Yes No

Itchy Eyes Yes No

Redness Yes No

Blurred Vison Yes No

Discharge Yes No

Head/Ears/Nose/Throat:

Runny Nose Yes No

Stuffy Nose Yes No

Headache Yes No

Sneezing Yes No

Ear Pulling Yes No

Drooling Yes No

Sore Throat Yes No

Hearing Loss Yes No

Neck:

Stiffness Yes No

Masses Yes No

Swollen Glands Yes No

Respiratory:

Cough Yes No

Congestion Yes No

Rapid Breathing Yes No

Chest Pain Yes No

Wheezing Yes No

Heart:

Rapid Heart Beat Yes No

Irregular Beat Yes No

Fainting/Dizziness Yes No

Gastrointestinal:

Vomiting Yes No

Diarrhea Yes No

Constipation Yes No

Poor Appetite Yes No

Vomiting Blood Yes No

Bloody Stools Yes No

Soiling Pants Yes No

Stomach Pain Yes No

Urinary Tract:

Increased Urination Yes No

Decreased Urination Yes No

Painful Urination Yes No

Bloody Urine Yes No

Bedwetting Yes No

Daytime Wetting Yes No

Reproductive:

Swollen Testicles Yes No

Painful Testicles Yes No

Abnormal Menses Yes No

Nipple Swelling Yes No

Nipple Discharge Yes No

Muscles & Bones:

Muscle Weakness Yes No

Muscle Pain Yes No

Joint Pain/Swelling Yes No

Red Joint/Extremity Yes No

Deformed Extremity Yes No

Swollen Extremity Yes No

Neck or Back Pain Yes No

Nervous System:

Decreased Alertness Yes No

Loss of Speech Yes No

Numbness Yes No

Dizziness Yes No

Room Spinning Yes No

Emotional:

Hallucinations Yes No

Sadness Yes No

Anxiety Yes No

Behavioral Problem:

Home Yes No

School Yes No

Extreme Anger Yes No

Violence to Animals

Or People Yes No

Fire Starting Yes No