**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