Pediatric Review of Systems

Patient's Name: _____ Date of Birth: _____ dd / mm / yyyy

Gender: _____

Relevant Medical History:

Referring Physician's Name: _____

GENERAL

Fever

◯ Present ◯ Absent

Chills

◯ Present ◯ Absent

Fatigue

◯ Present ◯ Absent

Weakness

◯ Present ◯ Absent

Fussiness

◯ Present ◯ Absent

Poor Feeding/Change in Appetite

◯ Present ◯ Absent

Sleep Disturbance

◯ Present ◯ Absent

Sleeping More than Usual

◯ Present ◯ Absent

WEIGHT

Recent Changes

◯ Present ◯ Absent

SKIN AND LYMPH

Rashes

◯ Present ◯ Absent

Adenopathy or Swollen Lymph Nodes

◯ Present ◯ Absent

Lumps

◯ Present ◯ Absent

Bruising and Bleeding

◯ Present ◯ Absent

Pigmentation Changes

◯ Present ◯ Absent

HEENT

Headaches

◯ Present ◯ Absent

Concussions

◯ Present ◯ Absent

Unusual Head Shape

◯ Present ◯ Absent

Strabismus

◯ Present ◯ Absent

Conjunctivitis

◯ Present ◯ Absent

Visual Problems

◯ Present ◯ Absent

Hearing

◯ Present ◯ Absent

Ear Infections

◯ Present ◯ Absent

Draining Ears

◯ Present ◯ Absent

Cold and Sore Throats

◯ Present ◯ Absent

Tonsilitis

◯ Present ◯ Absent

Mouth Breathing

◯ Present ◯ Absent

Snoring

◯ Present ◯ Absent

Apnea

◯ Present ◯ Absent

Oral Thrush

◯ Present ◯ Absent

Epistaxis

◯ Present ◯ Absent

Caries

◯ Present ◯ Absent

CARDIAC

Cyanosis

◯ Present ◯ Absent

Dyspnea

◯ Present ◯ Absent

Heart Murmurs

◯ Present ◯ Absent

Exercise Intolerance

◯ Present ◯ Absent

Squatting

◯ Present ◯ Absent

Chest Pain

◯ Present ◯ Absent

Palpitations

◯ Present ◯ Absent

RESPIRATORY

Pneumonia

◯ Present ◯ Absent

Bronchiolitis

◯ Present ◯ Absent

Wheezing

◯ Present ◯ Absent

Chronic Cough

◯ Present ◯ Absent

Sputum

◯ Present ◯ Absent

Hemoptysis

◯ Present ◯ Absent

TB exposure

◯ Present ◯ Absent

GI

Change in stool color and character

◯ Present ◯ Absent

Diarrhea

◯ Present ◯ Absent

Constipation

◯ Present ◯ Absent

Vomiting

○ Present ○ Absent

Vomiting Blood

○ Present ○ Absent

Jaundice

○ Present ○ Absent

Abdominal Pains

○ Present ○ Absent

Colic

○ Present ○ Absent

Change in Appetite

○ Present ○ Absent

GU

Frequency

○ Present ○ Absent

Dysuria

○ Present ○ Absent

Hematuria

○ Present ○ Absent

Discharge

○ Present ○ Absent

Abdominal Pains

○ Present ○ Absent

Quality of Urinary Stream

○ Present ○ Absent

Polyuria

○ Present ○ Absent

Previous Infections

○ Present ○ Absent

Facial Edema

○ Present ○ Absent

MUSCULOSKELETAL

Joint Pains or Swelling

○ Present ○ Absent

Fevers

○ Present ○ Absent

Scoliosis

○ Present ○ Absent

Muscle Aches or Weakness

◯ Present ◯ Absent

Injuries

◯ Present ◯ Absent

Gait Changes

◯ Present ◯ Absent

NEURO

Seizures

◯ Present ◯ Absent

Weakness

◯ Present ◯ Absent

Headaches

◯ Present ◯ Absent

Numbness

◯ Present ◯ Absent

PUBERTAL

Secondary Sexual Characteristics

◯ Present ◯ Absent

Menses and Menstrual Problems

◯ Present ◯ Absent

Pregnancies

◯ Present ◯ Absent

Sexual Activity

◯ Present ◯ Absent

ALLERGY

Urticaria

◯ Present ◯ Absent

Hay Fever

◯ Present ◯ Absent

Allergic Rhinitis

◯ Present ◯ Absent

Asthma

◯ Present ◯ Absent

Eczema

◯ Present ◯ Absent

Drug Reactions

◯ Present ◯ Absent

PSYCHIATRIC

Difficulty Sleeping

◯ Present ◯ Absent

Behavioral Changes

◯ Present ◯ Absent

Hyperactivity

◯ Present ◯ Absent

Summary or Additional Notes: