

Patient Name: _____

Date of Birth: _____

Date: _____

Please review the following list and check those that your child has complained about or suffered from in the past year.

EYE, EAR, NOSE, THROAT

- Vision problems Y N
- Bleeding gums Y N
- Earache Y N
- Ear discharge Y N
- Allergies Y N
- Hoarseness Y N
- Loss of hearing Y N
- Frequent nosebleeds Y N
- Sinus problems Y N
- Frequent ear infections Y N
- Difficulty talking Y N
- Stuttering Y N
- Dental problems Y N
- Sores in mouth/gums Y N
- Frequent tonsil infections Y N
- Tendency to breath through his/her mouth Y N

GENERAL

- Excessive thirst Y N
- marked increase or decrease in appetite Y N
- Persistently tired Y N
- Slow heals scrapes, cuts or wounds Y N
- Recurrent fever Y N
- Chills Y N
- Depression Y N

- Fever Y N
- Loss of weight Y N
- Sweats Y N
- Unusual sensitivity heat or cold Y N

GASTROINTESTINAL

- Stomach aches Y N
- Diarrhea Y N
- Constipation Y N
- Nausea or vomiting Y N
- Worms Y N
- Bloody or very dark stools Y N
- Food restriction/dieting Y N

GENITOURINARY

- Urination Problems Y N
- Frequent Urination Y N
- Painful, burning urination Y N
- Blood in Urine Y N
- Unusual urine odor Y N
- Bed-wetting problems Y N
- Discharge from vagina or penis Y N

HEART

- Heart murmur Y N
- Hypertension Y N
- Chest pain Y N
- Irregular heart beat Y N
- Must sleep propped up in bed Y N

RESPIRATORY

- Difficulty breathing Y N
- Wheezing Y N
- Recurrent cough Y N
- Shortness of breath Y N
- Night-time cough Y N

MUSKOSKELETAL

- Painful swollen joints Y N
- Posture problems Y N
- Sprains Y N
- Dislocations Y N
- Broken bones Y N

NERVOUS SYSTEM

- Dizzy or fainting spells Y N
- Convulsions, seizures Y N
- Tremors Y N
- Difficulty walking, balancing or handling objects Y N

SKIN

- Eczema/skin problems Y N
- Slow healing bruises Y N
- Persistent rashes Y N
- Hives Y N
- Changing mole Y N

SOCIAL

- School problems Y N
- Parental divorce or seperation Y N
- Death in family Y N
- Use of alcohol, drugs or cigarettes Y N
- Day care Y N
Number of days/week

1	2
3	4
5	