

Who referred you to our clinic? _____

Reason for today's encounter? _____

When did it begin? _____ Severity? _____

What makes it better? _____ What makes it worse? _____

How has this been treated? _____ Other symptoms? _____

Allergies to medications: _____

Any other allergies (latex, contrast, shellfish, anesthesia reaction): _____

Medications Please list or provide list.

Past medical history Has your child ever had problems in any of the following categories? If yes, please specify.

Endocrine (Diabetes, etc): No Yes: _____

Gastrointestinal (Acid reflux, etc): No Yes: _____

Heart (Heart murmur, heart valve problem, etc): No Yes: _____

Blood (Bleeding disorder, anemia, etc): No Yes: _____

Perinatal (Complicated pregnancy, premature delivery, NICU stay): No Yes: _____

Infectious (HIV, tuberculosis, etc): No Yes: _____

Kidney (Kidney disease, etc): No Yes: _____

Liver (Liver failure, hepatitis): No Yes: _____

Lung (Asthma, sleep apnea, pneumonia): No Yes: _____

Neurologic (Seizure, ADHD, etc): No Yes: _____

Other: _____

Immunizations up to date? No Yes

Past surgical history Please list surgeries your child has had with approximate age.

Family history Please list any problems (especially those listed above) that family members have had.

Social History Your relationship to the patient? _____

Who does the patient live with? _____ Who has custody of the patient? _____

Review of Systems Please check below if your child has had any of the following:

Constitutional

- Fever
- Weight loss
- Daytime sleepiness

Eyes

- Changes in vision

HENT

- Nasal congestion
- Facial or sinus pain
- Sore throat

- Hearing loss
- Ear Pain/fullness
- Ear drainage
- Difficulty swallowing
- Hoarseness

Cardiovascular

- Blue spells

Respiratory

- Shortness of breath
- Wheezing

- Sleep apnea

Gastrointestinal

- Vomiting
- Heartburn or reflux

Neurologic

- Developmental delay
- Speech delay

Musculoskeletal

- Joint pain, muscle or back pain

Psychiatric

- Anxiety
- Depression

Heme-Lymph

- Easy bleeding or bruising

Allergy

- Sneezing
- Itching
- Seasonal allergies