

**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	