

FAMILY HISTORY

FAMILY MEMBER	AGE	MAJOR ILLNESS	IF DECEASED, CAUSE
FATHER			
MOTHER			
BROTHER			
SISTER			

SOCIAL HISTORY

Does your child participate in athletic activities? Yes or No		If yes, list activities:	
Parent's marital status:		Who does your child live with?	
Name of school:		Grade in school:	
Does your child work? Yes or No		Does your child use alcohol, tobacco, or illicit drugs? Yes or No If yes, list:	

REVIEW OF SYSTEMS

(Please check Yes or No; If Yes, please explain)

System	Yes	No	Explain:
Constitutional symptoms (e.g. fever, chills, weight loss, etc.)	0	0	
Eyes (e.g. burning, redness, itching, etc.)	0	0	
Ears, Nose, Mouth, Throat (e.g. earaches, runny nose, sore throat, etc.)	0	0	
Cardiovascular (e.g. chest pain, tightness, dizzy spells, etc.)	0	0	
Respiratory (e.g. wheezing shortness of breath, cough, etc.)	0	0	
Gastrointestinal (e.g. diarrhea, constipation, abdominal pain, heart burn, difficult to swallow, etc.)	0	0	
Genitourinary (e.g. waking up to urinate at night, burning pain, or frequency when urinating, change in color of urine, wetting the bed or pants, late periods, amenorrhea, painful/swollen testicles, burning/discharge of penis, etc.)	0	0	
Musculoskeletal (e.g. pain/stiff joints, muscle weakness, difficulty walking/sitting, etc.)	0	0	
Integumentary including breast (e.g. rash, itching, lumps, lesions, jaundice, etc.)	0	0	
Neurological (e.g. dizziness, seizures, sensation disturbance, numbness/tingling, etc.)	0	0	
Psychiatric (e.g. mood swings, anxiety, depression, etc.)	0	0	
Endocrine (e.g. excess sweating, heat/cold intolerance, excess thirst, hunger, or urination, weight gain or loss, tiredness, hair loss, taking hormone medication, etc.)	0	0	
Hematologic/Lymphatic (e.g. anemia, easy bruising or bleeding, blood abnormalities, neck or groin nodules, etc.)	0	0	
Allergic/Immunologic (e.g. environmental allergies, food reactions, insect bites reactions, adverse reactions to prescription drug, etc.)	0	0	
Falls in the last year?	0	0	

PARENT OR LEGAL GUARDIAN SIGNATURE	DATE
PHYSICIAN SIGNATURE	DATE