Children's Physician Group – Neurology
Children's Specialty Services
Review of Systems

Affix patient label here

Dear Parent:
Thank you for allowing us to care for your child. If you are receiving this form via email or mail, please complete it before your visit. If you have received this form on the day of your visit, please complete this form as you wait and let registration know once finished.

Please check all that apply when answering the questions below:

1. Does the patient have any of the following general issues? (choose all that apply)
   ☐ No problems ☐ Weight change ☐ Fatigue (lack of energy) ☐ Sleep problems ☐ Fever ☐ Other

2. Does the patient have any problems with his/her eyes? (choose all that apply)
   ☐ No problems ☐ Eye pain/discomfort ☐ Difficulty seeing ☐ Wears glasses/contacts

3. Does the patient have any problems with his/her ears, nose or throat? (choose all that apply)
   ☐ No problems ☐ Hearing difficulty ☐ Snoring ☐ Runny nose ☐ Ear infection/pain
   ☐ Noisy breathing ☐ Sore throat ☐ Ear pain/pulling

4. Does the patient have heart problems? (choose all that apply)
   ☐ No problems ☐ Chest pain ☐ Irregular/skipped heart beats ☐ Passing out

5. Does the patient have problems with his/her breathing? (choose all that apply)
   ☐ No problems ☐ Cough ☐ Difficulty breathing ☐ Wheezing

6. Does the patient have gastrointestinal (stomach) problems? (choose all that apply)
   ☐ No problems ☐ Change in appetite ☐ Abdominal pain ☐ Diarrhea ☐ Constipation
   ☐ Difficulty swallowing ☐ Nausea/vomiting

7. Does the patient have urinary problems? (choose all that apply)
   ☐ No problems ☐ Painful urination ☐ Frequent urination ☐ Blood in urine
   ☐ Bedwetting/nighttime urination

For female patients only 9 years and older please answer questions 8-10

8. Does the patient have irregular periods?
   ☐ Yes ☐ No

9. At what age did the patient have her first menses (period)? _____

10. At what age did the patient first notice breast enlargement (development)? _____

For all patients 9 years and older please answer questions 11-12

11. At what age did the patient first notice underarm hair? _____

12. At what age did the patient first notice pubic (genital) hair? _____

13. What skin problems does the patient have? (choose all that apply)
   ☐ No problems ☐ Dry skin/eczema ☐ Rash

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14. What neurological problems does the patient have? (choose all that apply)
    ☐ No problems ☐ Headaches ☐ Weakness ☐ Dizziness ☐ Numbness/tingling ☐ Developmental delay

15. What psychological/emotional problems does the patient have? (choose all that apply)
    ☐ No problems ☐ Mood changes ☐ Behavioral problems

16. What bleeding/hematological problems does the patient have? (choose all that apply)
    ☐ No problems ☐ Easy bruising ☐ Anemia ☐ Swollen lymph nodes

17. What endocrine problems does the patient have? (choose all that apply)
    ☐ No problems ☐ Increased thirst ☐ Heat/cold intolerance

18. What musculoskeletal problems does the patient have? (choose all that apply)
    ☐ No problems ☐ Arm/leg pain ☐ Joint swelling ☐ Leg swelling

19. What is the reason the patient is being seen in the clinic? (choose all that apply)
    ☐ Headache ☐ Seizure/Epilepsy ☐ Cerebral Palsy ☐ Baclofen pump refill ☐ VNS check
    ☐ Nurse Visit ☐ Other

_____	_____	_____	_____
Parent/Guardian signature	Reviewed by	Date	Time