



## Medical History

**REVIEW OF SYMPTOMS:** Please check ( ) any current problems your child has below:

**Constitutional**

- Fevers/chills/excessive sweating
- Unexplained weight loss/gain

**Eyes**

- Squinting/"crossed" eyes/asymmetric gaze

**Ears/Nose/Throat**

- Unusually loud voice/hard of hearing
- Mouth breathing/snoring
- Ear Infections
- Frequent runny nose
- Problems with teeth/gums

**Cardiovascular**

- Tires easily with exertion
- Shortness of breath
- Fainting

**Respiratory**

- Cough/wheeze
- Chest pain

**Gastrointestinal**

- Nausea/vomiting/diarrhea
- Constipation
- Blood in bowel movement

**Genitourinary**

- Bedwetting
- Pain with urination
- Discharge: penis or vagina

**Musculoskeletal**

- Muscle/joint pain

**Skin**

- Rashes
- Unusual moles

**Allergy**

- Hay fever/itchy eyes
- eczema

**Neurological**

- Headaches
- Weakness
- Seizure
- Clumsiness

**Psychiatric/Emotional**

- Speech problems
- Anxiety/stress
- Problems with

**Sleep/nightmares**

- Depression
- Nail biting/thumb sucking
- Bad temper/ breath holding/ jealousy

**Blood/Lymph**

- Unexplained lumps
- Easy bruising/bleeding

Hospitalization/operations (with dates): \_\_\_\_\_

\_\_\_\_\_

History of any broken bones or severe sprains: \_\_\_\_\_

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