

Pt. Name: _____ DOB: _____

***Development of New Allergy since last visit? No Yes, _____

Height: _____ Weight: _____

Does your child: ____ Show signs of having pain ____ Shows No sign of having pain

Please circle ONE answer for each question that applies to you:

- **Athletics?** No participation, non-contact, full participation
- **Does your child seem:** better since last visit, the same as last visit, worse since last visit
- **Did your child attend physical therapy since last visit:** none, Yes, improvements seen, Yes, no improvements seen
- **Is your child taking any medications for their orthopedic issue:** No, Yes and it helps, Yes and it is not helping
- **Change in symptoms:** No, Yes

*****REVIEW OF SYSTEMS: Circle ALL that apply to you:**

- **Constitutional:** Fever, night sweats, weight gain, weight loss, difficulty exercising
- **Eyes:** dry eyes, irritation, change in vision, other: _____
- **Ears:** Difficulty hearing, ear pain, other: _____
- **Nose:** frequent nosebleeds, nose/sinus problems, other: _____
- **Mouth/Throat:** sore throat, bleeding gums, snoring, dry mouth, mouth ulcers, oral abnormalities, teeth problems
- **Cardiovascular:** chest pain, arm pain on exertion, shortness of breath when walking, shortness of breath when lying down, palpitations, heart murmur
- **Respiratory:** coughing, wheezing, shortness of breath, coughing up blood
- **Gastrointestinal:** abdominal pain, vomiting, loss of appetite, diarrhea, constipation, vomiting blood, difficulty swallowing, heartburn/reflux
- **Genitourinary:** incontinence, difficult urinating, painful urination, blood in urine, increased urinary frequency, incomplete emptying
- **Musculoskeletal:** muscle aches, muscle weakness, joint pain, back pain, swelling in extremities, cramps, recent fracture
- **Skin:** abnormal mole, jaundice, rash, itching, dry skin, growth/lesions, non-healing areas
- **Neurologic:** loss of consciousness, weakness, numbness, seizures, dizziness, headaches, migraines, tremor, restless legs, paralysis
- **Psychiatric:** depression, sleep disturbances, anxiety, hallucinations, mood swings, memory loss, agitation
- **Endocrine:** Fatigue, increased thirst, hair loss, increased hair growth, cold intolerance
- **Hematologic/Lymphatic:** swollen glands, easy bruising, excessive bleeding, anemia
- **Allergic/Immunologic:** runny nose, sinus pressure, itching, hives, frequent sneezing
- *****My child has NONE of the problems listed above**