**Review of Systems**

Does your child have any of the following problems? Explain in space to right.

<table>
<thead>
<tr>
<th>Constitutional Symptoms</th>
<th>Integumentary</th>
<th>Musculoskeletal</th>
<th>Neurological</th>
<th>Allergic/Immunologic</th>
<th>Endocrine</th>
<th>Gastrointestinal</th>
<th>Respiratory</th>
<th>Hematologic/Lymphatic</th>
<th>Psychologic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td>Skin Rash / Boils</td>
<td>Joint Pain</td>
<td>Seizures</td>
<td>Hay Fever</td>
<td>Excessive thirst</td>
<td>Abdominal Pain</td>
<td>Wheezing</td>
<td>Swollen Glands</td>
<td>Personality changes</td>
</tr>
<tr>
<td>Weight changes</td>
<td></td>
<td>Neck Pain / Back Pain</td>
<td>Weakness</td>
<td></td>
<td>Too Hot/Cold</td>
<td>Nausea/Vomiting</td>
<td>Frequent Cough</td>
<td></td>
<td>Hyperactivity</td>
</tr>
<tr>
<td>Feeding/eating problems</td>
<td></td>
<td></td>
<td>Numbness/tingling</td>
<td>Other:</td>
<td>Tired/Sluggish</td>
<td>Constipation</td>
<td>Pneumonia</td>
<td></td>
<td>Difficulty concentrating</td>
</tr>
<tr>
<td>Headaches</td>
<td></td>
<td></td>
<td></td>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Memory trouble</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Eyes**

- Blurred / Double Vision
- Pain
- Other:

**Allergic/Immunologic**

- Hay Fever
- Other:

**Neurological**

- Seizures
- Weakness
- Numbness/tingling
- Other:

**Endocrine**

- Excessive thirst
- Too Hot/Cold
- Tired/Sluggish
- Other:

**Gastrointestinal**

- Abdominal Pain
- Nausea/Vomiting
- Constipation
- Other:

**Cardiovascular**

- Chest Pain
- Heart Murmur
- High Blood Pressure
- Other:

**Physician use only.**

<table>
<thead>
<tr>
<th>#</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 1</td>
<td>1 or 2</td>
</tr>
<tr>
<td>2 - 9</td>
<td>3</td>
</tr>
<tr>
<td>10 +</td>
<td>4 or 5</td>
</tr>
</tbody>
</table>

Physician: ___________________________  Date: _________________________