Primary Care Doctor / Pediatrician:

List surgeries since last visit to this clinic:

<table>
<thead>
<tr>
<th>Surgery</th>
<th>Date</th>
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List all medications:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
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List new medical problems since last visit:

Medication allergies:

Up to date on immunizations?
- [ ] Yes
- [ ] No

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

**Constitutional Symptoms**
- Fever  
- Weight changes  
- Feeding/eating problems  
- Headaches  
- Other: 

**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: 

**Integumentary**
- Skin Rash / Boils  
- Lasting Itch  
- Other: 

**Musculoskeletal**
- Joint Pain  
- Neck Pain / Back Pain  
- Other: 

**Ear/Nose/Throat/Mouth**
- Ear infection  
- Sore Throat  
- Sinus Problems  
- Other: 

**Genitourinary**
- Urine Infection  
- Wetting Accidents  
- Urinary Frequency  
- Other: 

**Respiratory**
- Wheezing  
- Frequent Cough  
- Pneumonia  
- Other: 

**Hematologic/Lymphatic**
- Swollen Glands  
- Blood Clotting Problem  
- Other: 

**Psychologic**
- Personality changes  
- Hyperactivity  
- Difficulty concentrating  
- Memory trouble  
- Other: 

Form # 18413