Foley Family Practice
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Pediatric Review of Systems (pg 1)

Confidential Record: Information contained will not be released unless you authorize us to do so.

Name: _____ _____ _____
Last First MI

Date of Birth: ____/ ____/ _____

Review Of Systems: Please check **ONLY** those symptoms you have had **FREQUENTLY** in the past **3 MONTHS**.

Constitutional: ☐ Excess weight gain ☐ Excess weight loss ☐ Loss of appetite ☐ Sleeping a lot ☐ Fever ☐ Fussy ☐ Diminished activity ☐ Fatigue ☐ None of the above ☐ Notes:_____	Eyes: ☐ Eye pain ☐ Blurry vision ☐ Eye redness ☐ Eye itchiness ☐ Eye swelling ☐ Eye discharge ☐ None of the above ☐ Notes:_____
Ears, Nose, Mouth, Throat ENMT: ☐ Ear pain ☐ Ear discharge ☐ Hearing loss ☐ Sinus pressure ☐ Drooling ☐ Facial swelling ☐ Congestion ☐ Sore throat ☐ Hoarseness ☐ Mouth lesions ☐ Foul smelling breath ☐ None of the above ☐ Notes:_____	Cardiovascular: ☐ Chest pain ☐ Rapid heart rate ☐ None of the above ☐ Notes:_____

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Chest / Breasts: ☐ Lumps ☐ Tenderness ☐ Discharge ☐ None of the above ☐ Notes:_____	Respiratory: ☐ Cough ☐ Barking like cough ☐ Wheezing ☐ Chest tightness ☐ Pain with respiration ☐ Noisy breathing ☐ rapid respirations ☐ difficulty breathing ☐ None of the above ☐ Notes:_____
Gastrointestinal: ☐ Difficulty swallowing ☐ Abdominal pain ☐ Nausea ☐ Vomiting ☐ Diarrhea ☐ Constipation ☐ Blood in stools ☐ Mucus in stools ☐ None of the above ☐ Notes:_____	Genitourinary: ☐ Discharge ☐ Blood in urine ☐ Pain with urination ☐ Increased frequency of urination ☐ Voiding urgency ☐ Vaginal discharge ☐ Abnormal Menses ☐ Bedwetting / accidents ☐ None of the above ☐ Notes:_____
Musculoskeletal: ☐ Soft tissue swelling ☐ Joint swelling ☐ Myalgia ☐ Limited motion ☐ Previous injuries ☐ Trauma ☐ None of the above ☐ Notes:_____	Skin: ☐ Pain ☐ Itchiness ☐ Dry skin ☐ Flaking ☐ Redness ☐ Rash ☐ Diaper rash ☐ Hives ☐ Skin lesions ☐ Skin growths ☐ Skin lumps ☐ Bruising ☐ Insect bites ☐ None of the above ☐ Notes:_____

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Neurological Symptoms: ☐ Numbness ☐ Weakness ☐ Tingling ☐ Burning ☐ Shooting pain ☐ Headache ☐ Dizziness ☐ Loss of consciousness ☐ None of the above ☐ Notes:_____	Psychiatric: ☐ Depression ☐ Anxiety ☐ Insomnia ☐ Stress ☐ Loss of interest ☐ None of the above ☐ Notes:_____
Endocrine: ☐ Increased thirst ☐ Increased drinking ☐ Temperature intolerance ☐ None of the above ☐ Notes:_____	Allergic / Immunologic: ☐ Sneezing ☐ Runny nose ☐ None of the above ☐ Notes:_____

_____ ____/____/_____ _____

Parent or Guardian Signature Date Relationship