

## Review of systems.

Please circle the appropriate answer for any symptoms your child has

Any lung problems?

(trouble breathing, noisy breathing, wheezing, chronic cough)

None

Yes - list:

Any heart problems?

(murmurs, irregular heart beat)

None

Yes - list:

Any kidney/urinary problems?

None

Yes - list:

Any bone/muscle problems?

None

Yes - list:

Any gastro-intestinal problems?

None

Yes - list:

Any brain/nervous system problems?

(seizures, fainting)

None

Yes - list:

Any genital problems?

None

Yes - list:

Any skin problems?

None

Yes - list:

Any eye/ear/nose/throat problems?

None

Yes - list:

Any developmental concerns or learning problems?

None

Yes - list:

Any behavioral problems or eating disorders?

None

Yes - list:

Bleeding problems/easy bruising

None

Yes- list: