

PEDIATRIC REVIEW OF SYSTEMS
For Patients Newborn to 18 Years of Age

Name _____

Date of Birth _____

Please mark any symptoms the patient has recently experienced.

General

- Fever
- Chills
- Fatigue
- Weakness
- Fussiness
- Poor Feeding/Change in Appetite
- Sleep Disturbance
- Sleeping More Than Usual

Eyes

- Eye Drainage
- Eye Pain
- Eye Redness/Swelling
- Itchy Eyes
- Light Sensitivity

ENT

- Ear Pain
- Ear Drainage
- Nasal Congestion
- Nose Bleeds
- Runny Nose
- Sore Throat
- Excessive Drooling

Cardiovascular

- Fast/Irregular Heartbeat
- Fainting

Breasts

- Breast Pain
- Breast Lumps or Mass
- Nipple Changes
- Nipple Discharge

Genitourinary

- Painful Urination
- Frequency
- Blood in Urine
- Pants/Bed Wetting
- Foul-Smelling Urine

GU—Males Only:

- Penile Discharge
- Testicular Swelling
- Testicular Pain

GU—Females Only:

- Vaginal Discharge
- Vaginal Itching
- Abnormal Menstrual Periods

Musculoskeletal

- Swelling
- Refusing To Use Extremity
- Pain Site _____

Skin

- Bruising
- Itching
- Changes in Moles
- Rash
- Wounds

Neurological

- Headaches
- Dizziness
- Incoordination
- Seizures
- Speech Delay
- Recent Head Injury

Psychological

- Anxiety
- Depression
- Suicidal
- Irritability
- Attention Problems
- Sleep problems

Endocrine

- Excessive thirst
- Excessive Hunger
- Excessive Urination
- Weight Changes

Immune

- Allergic Reaction
- Eczema
- Hives
- Seasonal Allergies

Respiratory

- Cough
- Phlegm Production
- Working Hard to Breathe
- Noisy Breathing
- Wheezing

GI/Abdominal

- Abdominal Pain
- Abnormal Stools
- Nausea
- Vomiting
- Constipation
- Diarrhea
- Black or Bloody Stools

Other Symptoms:
