



Child's name or label

● Since the last visit, how are your child's symptoms? Better? Worse? The same?

Please describe:

● Any new health problems, consultations, ER visits, hospital admissions, procedures or surgeries since your last visit?

None

● Evaluations or tests done since the last visit: MRI EEG Blood work Child Study Team evaluation

Neuropsychological testing ImPACT test Audiology Nutritionist consultation

Questionnaires Physician Consultations: _____ Other: _____ None

● If your child takes medications, please list the medications and doses here:

- 1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

● PEDS NEURO REVIEW OF SYSTEMS: Please list symptoms your child has since the last visit. Describe "yes" responses.

● NEUROLOGICAL

HYPERACTIVITY YES NO _____

SEIZURES YES NO _____

FAINING YES NO _____

SNORING YES NO _____

HEADACHES YES NO _____

TICS YES NO _____

INATTENTION YES NO _____

CONCUSSION YES NO _____

HAS 504 PLAN? YES NO _____ HAS IEP? YES NO _____

● CONSTITUTIONAL

FEVER OR SWEATS YES NO _____

FATIGUE OR MALAISE YES NO _____

APPETITE TOO HIGH OR TOO LOW YES NO _____

● BEHAVIORAL HEALTH

WORRIES / ANXIETY YES NO _____

SCHOOL AVOIDANCE YES NO _____

SADNESS OR DEPRESSION YES NO _____

MOODINESS OR IRRITABILITY YES NO _____

● EYES

VISION CHANGES YES NO _____

KNOWN EYE CONDITIONS YES NO _____

● EAR, NOSE AND THROAT

HEARING LOSS OR DEFICIT YES NO _____

SLEEP APNEA YES NO _____

● CARDIOVASCULAR

RAPID OR IRREGULAR HEART BEAT YES NO _____

CHEST PAIN OR EXERCISE INTOLERANCE YES NO _____

● RESPIRATORY

SHORTNESS OF BREATH YES NO _____

COUGH OR WHEEZING YES NO _____

● GASTROINTESTINAL

NAUSEA OR VOMITING YES NO _____

ABDOMINAL PAIN YES NO _____

CONSTIPATION OR DIARRHEA YES NO _____

● MUSCULOSKELETAL

MUSCLE WEAKNESS OR PAIN YES NO _____

JOINTS PAIN OR DEFORMITY YES NO _____

● ENDOCRINE

EARLY OR LATE PUBERTY YES NO _____

THYROID PROBLEMS YES NO _____

SHORT STATURE OR GROWTH HORMONE DEFICIENCY YES NO _____

Parent's signature _____ Physician's signature _____ Date: _____