

## PEDIATRIC REVIEW OF SYSTEMS

**It is very important to complete this form.** A review of systems is required when you have a medical eye exam. This information is needed for quality of care as many systemic diseases and medical problems may affect your vision and eye health. We also need this information to fulfill requirements many insurance companies have set forth for documentation of level of care and quality measures. Thank you.

Patient Name \_\_\_\_\_

Flu Immun Yes No      Gestational diabetes Yes No      Regular prenatal care received Yes No

Gestational AGE \_\_\_\_\_      Birth Weight of child \_\_\_\_\_

Please "X" if you have recently had any of the following.

### GENERAL

- Fever
- Weight Loss
- Weight gain

### GASTROINTESTINAL

- Diarrhea
- Constipation
- Nausea

### HEMATO/LYMPHATIC

- Swollen lymph nodes
- Bleeds easily
- Anemia

### INTEGUMENTARY

- Changing moles
- Rash
- Itching

### GYNECOLOGICAL

*(Women Only)*

- Pregnant or planning a pregnancy

### PSYCHIATRIC

- Anxiety
- Depression
- Panic attacks

### EARS/NOSE/THROAT

- Hearing loss
- Dry mouth
- Sinus problems

### MUSCULOSKELETAL

- Joint pain
- Back pain and stiffness
- Arthritis

### ALLERGIES

- Seasonal allergies
- Allergy to adhesive
- Allergy to latex
- Allergy to Betadine

### RESPIRATORY

- Wheezing
- Congestion
- Cough

### NEUROLOGICAL

- Dementia
- Headaches
- Stroke
- Seizures

### EYES

- Blurred vision
- Recent loss of vision
- Tearing
- Redness
- Eye pain
- Flashes/floaters
- Jaw Pain
- Scalp Tenderness

### CARDIOVASCULAR

- Irregular or rapid heartbeat
- High blood pressure
- Swelling of feet/ankles

### ENDOCRINE

- Diabetes
- Thyroid abnormalities
- Fatigue

{ } ALL OF THE ABOVE SYSTEMS WERE REVIEWED WITH NEGATIVE RESPONSES