Pediatric Health Report

Below are listed common symptoms which may suggest the presence of an ailment involving a particular body system. If you have ever had a listed symptom in the past, please check that symptom in the left hand column. If you are presently troubled by a particular symptom, check that symptom in the right hand column.

Past	**Musculoskeletal**	Present
[ ]	Neck Pain	[ ]
[ ]	Shoulder Pain	[ ]
[ ]	Pain in Upper Arm or Elbow	[ ]
[ ]	Hand Pain	[ ]
[ ]	Upper Back Pain	[ ]
[ ]	Low Back Pain	[ ]
[ ]	Pain in Upper Leg or Hip	[ ]
[ ]	Pain in Lower Leg or Knee	[ ]
[ ]	Pain in Ankle or Foot	[ ]
[ ]	Jaw Pain	[ ]

Past	**Nervous System**	Present
[ ]	Bed Wetting	[ ]
[ ]	Convulsions	[ ]
[ ]	Dizziness/Fainting	[ ]
[ ]	Headache	[ ]
[ ]	Muscular Incoordination	[ ]
[ ]	Hearing Loss	[ ]
[ ]	Tinnitis (Ear Noises)	[ ]
[ ]	Ear Pain	[ ]
[ ]	Impaired Vision	[ ]
[ ]	Eye Pain	[ ]
[ ]	Paralysis	[ ]

Past	**Cardiovascular**	Present
[ ]	Rapid Heart Beat	[ ]
[ ]	Slow Heart Beat	[ ]
[ ]	Chest Pains	[ ]

Past	**Endocrine**	Present
[ ]	Loss of Appetite	[ ]
[ ]	Abnormal Weight Gain	[ ]
[ ]	Abnormal Weight Loss	[ ]

Past	**Respiratory**	Present
[ ]	Shortness of Breath	[ ]
[ ]	Chronic Cough	[ ]
[ ]	Sinus Infection	[ ]

Past	**Genito-Urinary**	Present
[ ]	Painful Urination	[ ]
[ ]	Frequent Urination	[ ]
[ ]	Blood In Urine	[ ]

Past	**GI Tract**	Present
[ ]	Abdominal Pain	[ ]
[ ]	Heartburn/ Indigestion	[ ]
[ ]	Constipation	[ ]
[ ]	Diarrhea	[ ]
[ ]	Liver Trouble	[ ]

Past	**Skin**	Present
[ ]	Rash	[ ]
[ ]	Dermatitis or Eczema	[ ]
[ ]	Persistent Itching	[ ]

Listed below are common diseases and disorders. Please indicate whether you have had a particular disorder in the past or presently troubled by a listed disorder.

Past	**Condition**	Present
[ ]	Rheumatic Heart Disease	[ ]
[ ]	Asthma	[ ]
[ ]	Kidney Infection	[ ]
[ ]	Cancer	[ ]
[ ]	Bladder Infection	[ ]
[ ]	HIV Positive/AIDS	[ ]

Authorization of Care of Minor:

I hereby authorize this office and its' doctor(s) to administer care as they so deem necessary to my son/ daughter/ward (upon approval of parent or guardian).

Date: _____/_____/_____

Mother's Name/*Guardian*:_____ Father's Name/*Guardian*: _____

Mother's Phone #:_____ Father's Phone #: _____

Mother Signature:_____ Father's Signature: _____