

School – Age Review of Systems (6 years – 12 years)

Name: _____ **Date of Birth** _____ **Date:** _____

Please check (✓) the statements that apply to your child.

- One or both parents smoke.
- There has been a serious illness or injury in the past.
- There is a present concern about my child's overall health.
- Do you wonder if immunizations are up to date?
- Do you wonder about vitamins or fluoride?
- There is a possible allergy to certain foods, medications and/or environmental stimuli (i.e. dust, pollen).
- Our child does not eat 3 meals a day.
- There is a concern about a balanced diet (i.e. the 4 food groups – milk products, fruits and vegetables, breads and cereal, meat, chicken and fish).
- Our child snacks on too many sweets, including beverages.
- Our child does not make routine visits to the dentist.
- Our child has difficulty with running, walking and/or coordination.
- Our child does not get along well with other children and adults.
- Our child has difficulty keeping up with children his/her own age.
- The behavior and values of some of our children's friends is a concern.
- Our child has difficulty understanding the concept of right and wrong.
- Our child is uncooperative.
- There is a concern about our child's progress in school.
- Our child dislikes school.
- Our child seems unusually moody and/or is unhappy a lot of the time.
- Body changes are beginning to occur.
- There is a need for information on sex education.
- There is a concern about sleeping.
- There is a problem with bedwetting.
- There has been recent weight loss or recurrent illness.
- Our child does not get enough exercise.
- There is a problem with eyes, vision, ears or hearing.
- Our child frequently has a runny or stuffy nose.
- There is a problem with headaches.
- There is a lump or swelling that is of concern.
- There is a question about rashes, sores, pimples or birthmarks.
- There is a history of seizures (convulsions).
- There is a concern about coughing, wheezing, or breathing.
- We have been told that our child has a problem with his/her heart or lungs.
- There is a concern with bowel movements (too soft, too hard, etc.).
- Our child's urine looks too dark, smells too strong, seems too often and/or causes pain.
- There is a concern about our child's feet, legs and/or hips.

School – Age Review Of Systems

Pg. 2

- There is a family or marital problem.
- Someone close to our child is seriously ill or has recently died.
- Sometimes one of the child's parents seems too strict.
- Sometimes one of the child's parents has difficult disciplining the child.
- The mother or father does not have enough time to spend with the child.
- There are other problems this questionnaire did not address.
- I (We) wish to talk to the doctor or nurse practitioner about a confidential matter.
- Our child is currently seeing other health care providers (physicians, physical and/or speech therapy, etc.) or using other health related agencies (i.e. well child clinics, Broome Developmental Center, etc.).
- Our child has had the chickenpox.