

Review of Systems	COMMENTS
Constitutional	<i>Does the child have fever, activity change, appetite change and irritability?</i>
	<i>Can child mount a fever?</i> <i>How high has their temperature ever gone?</i> <i>Does the child hoard food and have an uncontrolled appetite?</i> <i>Is the child a picky eater?</i>
Eyes	<i>Does the child have eye pain, discharge, redness, or itching?</i>
	<i>When was the last ophthalmology exam?</i>
	<i>Ever been diagnosed with strabismus, microcornea, iris abnormality such as heterochromia, keratoconus, retinal hypoplasia or refractive error?</i> <i>Were eyeglasses ever prescribed?</i> <i>Did they ever wear eyeglasses?</i>
Ears/Nose/Throat	<i>Does the child have hearing loss, ear pain, nosebleeds, congestion, sore throat, rhinorrhea, tinnitus (ringing in the ears) or ear discharge?</i>
	<i>Ever been referred to ENT specialist?</i>
	<i>How many middle ear infections in their lifetime?</i>
	<i>When was the last middle ear infection?</i>
	<i>Do they have tubes?</i>
	<i>How many tube surgeries have they had?</i>
	<i>Hearing loss?</i>
	<i>Hyperacusis or dysacusis (sensitive to sounds)?</i>
	<i>Last hearing exam?</i>
	<i>Last dental exam?</i>
Respiratory	<i>Does the child have cough or wheezing?</i>

	<i>Ever been diagnosed with asthma?</i>
	<i>Last asthma attack?</i>
	<i>Ever been diagnosed with pneumonia?</i>
	<i>Every been on a breathing machine due to respiratory problems?</i>
	<i>Tracheobronchial problems ever?</i>
Cardiovascular	<i>Is the child followed by a heart specialist?</i>
	<i>EKG ever?</i>
	<i>Echocardiogram?</i>
	<i>Structural defects?</i>
	<i>History of cardiothoracic surgery?</i>
Genitourinary	<i>Renal or urinary malformations?</i>
	<i>Date of renal ultrasound?</i>
	<i>History of UTI's?</i>
	<i>Last urinalysis?</i>
	<i>Does your child ever have urinary or fecal incontinence?</i>
	<i>Sexuality expression concerns?</i>
	<i>Date of first menstrual period if female:</i>
Gastrointestinal	<i>Does child have dietary preferences? If yes, what do they like to eat the most?</i>
	<i>Does the child show signs of reflux? (burping, acidic mouth, dental caries)</i>
	<i>Does your child store food while eating (in their cheeks)?</i>
	<i>Have difficulty swallowing or choke during or after eating?</i>
	<i>Does the child have constipation?</i>
	<i>How often do they have a bowel movement and what is the consistency?</i>
Skin	<i>Is skin usually warm, dry (not excessively), with uniform skin color and no swelling or lesions?</i>
	<i>Eczema?</i>
	<i>MRSA ever?</i>
	<i>Skin picking?</i>
	<i>Nail yanking?</i>
Musculoskeletal	<i>Do you have concerns about your child's strength, tone or muscle mass?</i>
	<i>Hypotonia (low muscle tone or floppy baby)?</i>
	<i>Spine xray ever?</i>
	<i>Scoliosis diagnosed?</i>
	<i>Diagnosed with tethered cord?</i>
Neurologic	<i>Does your child ever have problems with dizziness, seizures, syncope, speech difficulty and light-headedness?</i>
	<i>What is the child's sleep schedule?</i>

	<p><i>What are the aggressive behaviors?</i></p> <p><i>What are the self-injury behaviors?</i></p> <p><i>Is this patient diagnosed with RAI1 mutation or deletion? (state which please)</i></p>
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