

**Stewart Family Medicine
PEDIATRIC HISTORY SHEET**

Unexplained Fever Frequent Infections Behavior Problems Learning Problems Loss of Appetite Significant Weight Gain/Loss Very "Picky" Eating Habits	Goiter Excessive Thirst Excessive Hunger Underactive Thyroid Overactive Thyroid	Rash Boils Sores Eczema Moles Birth Marks Burns
4. LYMPH NODES Neck Swelling/Pain Armpit Swelling Groin Swelling Prolonged Swollen Glands	5. EYES Wear Glasses Difficulty Seeing Crossing Eyes Blurred Vision	Wear Contacts Double Vision Blind Vision Eye Disease/Injury
6. EARS Difficulty Hearing Pain in Ears Frequent Ear Infections	7. NOSE AND SINUSES Frequent Nosebleeds Sinus Congestion/Runny Nose Hay Fever	
8. LUNGS/CHEST Cough Wheezing Emphysema Chest Discomfort Rapid Heart Beat Irregular Heart Beat Shortness of Breath	Previous Chest X-RAY Positive TB Skin Test Coughing Up Blood Chronic Bronchitis Heart Murmur Palpitation(s)/ Heart Thump Vein Problems in Legs Get Winded Easily	9. MOUTH AND THROAT Sores in the Mouth Hoarseness Problems with Tonsils Dental Problems Sore Throat Snoring/Deep Breath During Sleep
10. ABDOMINAL ORGANS Abdominal Pain Heartburn/Indigestion Hemorrhoids Vomiting Diarrhea Hepatitis Black, Tarry Stools Jaundice Gallstones	Ulcers Blood or Mucus in Stools Rectal Pain Bloating After Meals Frequent Use of Antacids Problem Swallowing Change in Bowel Habits Liver Disease Constipation	11. HEART AND BLOOD VESSELS Heart Disease Heart Murmur Chest Pain Wake Up Short of Breath Sleep on 2 or More Pillows Rheumatic Fever Swelling in Ankles Cramps in Legs
12. KIDNEYS OR BLADDER Difficult/Painful Urination Very Frequent Urination Kidney Disease Protein in Urine Can't Hold Urine Bed Wetting or Daytime Soiling	Frequent Night Urination Blood in Urine Frequent Infections Kidney Stones Sugar in Urine	13a. GENITALS (BOYS ONLY) Venereal Disease Disease or Abnormality of Genital Area
13b. GENITALS (GIRLS ONLY) Irregular Periods Breast Lumps/Tenderness Venereal Disease Unusual Vaginal Discharge Pelvic Pain Nipple Discharge	Abnormal Bleeding Age when menstrual period began: _____ Date last period began: _____	14. MUSCLES, BONES AND JOINTS Deformities Pain in Joints Swelling in Joints Muscle Weakness Chronic Pain in Back Gout
15. NERVOUS SYSTEM Frequent/Severe Headaches Head Injury Seizures/Fits/Convulsions/Epilepsy Weakness Difficulty Sleeping	Severe Anxiety Numbness or Tingling Suicidal Thoughts Desire Psychiatric Help Feel Sad or Depressed	ANYTHING ELSE YOU WANT US TO KNOW ABOUT YOUR CHILD?
16. IMMUNIZATIONS Please give the year of last injection for the following: Tetanus _____ Tuberculosis Skin Test _____ **If you've never had one or both of the tests, please indicate so here: _____		