





**SOCIAL HISTORY**

**Tobacco Usage**

- Currently Every Day  
Amount: \_\_\_\_\_ Type: \_\_\_\_\_
- Currently Some Days  
Amount: \_\_\_\_\_ Type: \_\_\_\_\_
- Former Age Quit: \_\_\_\_\_
- Never

**Other**

- Alcohol Usage During Pregnancy
- Daycare/Preschool Class size: \_\_\_\_\_
- Drug Usage During Pregnancy
- Grade in School: \_\_\_\_\_
- Name of School: \_\_\_\_\_
- Loss of School Time in Past Year  
How Much? \_\_\_\_\_
- Pacifier Use
- Secondhand Smoke Exposure
- Siblings How Many? \_\_\_\_\_

**REVIEW OF SYSTEMS**

Please check all symptoms which you have presently or have had recently. If you have not experienced a medical problem under the symptom listed, check the No box.

**CONSTITUTIONAL SYMPTOMS**

- fatigue  fever  difficulty sleeping
- Other: \_\_\_\_\_
- No Constitutional Symptoms

**EYE SYMPTOMS**

- eye discomfort  changes in vision
- Other: \_\_\_\_\_
- No Eye Symptoms

**CARDIOVASCULAR SYMPTOMS**

- chest pain  irregular heart beats
- lightheadedness
- Other: \_\_\_\_\_
- No Cardiovascular Symptoms

**RESPIRATORY SYMPTOMS**

- shortness of breath  hoarseness  cough
- wheezing
- Other: \_\_\_\_\_
- No Respiratory Symptoms

**GASTROINTESTINAL SYMPTOMS**

- nausea  heartburn  difficulty swallowing
- choking on liquids  reflux
- Other: \_\_\_\_\_
- No Gastrointestinal Symptoms

**GENITOURINARY SYMPTOMS**

- urgency  pain or burning with urination
- urinary tract infection  kidney stones
- Other: \_\_\_\_\_
- No Genitourinary Symptoms

**INTEGUMENT (SKIN) SYMPTOMS**

- new skin lesions  lumps  change in mole appearance
- Other: \_\_\_\_\_
- No Integument (skin) Symptoms

**NEUROLOGIC SYMPTOMS**

- speech difficulties  migraines  dizziness  headaches
- seizures  numbness/tingling  weakness
- Other: \_\_\_\_\_
- No Neurologic Symptoms

**MUSCULOSKELETAL SYMPTOMS**

- muscular weakness  twitching  gait changes
- joint pain
- Other: \_\_\_\_\_
- No Musculoskeletal Symptoms

**ENDOCRINE SYMPTOMS**

- weight gain  weight loss  history of thyroid problems
- hot or cold intolerances
- Other: \_\_\_\_\_
- No Endocrine Symptoms

**PSYCHIATRIC SYMPTOMS**

- anxiety  depression
- Other: \_\_\_\_\_
- No Psychiatric Symptoms

**HEME(BLOOD)-LYMPH SYMPTOMS**

- swollen lymph nodes  easy bleeding or bruising
- Other: \_\_\_\_\_
- No Heme(blood)-Lymph Symptoms

**ALLERGIC-IMMUNOLOGIC SYMPTOMS**

- environmental allergies  immune deficiency
- Other: \_\_\_\_\_
- No Allergic-Immunological Symptoms