

PEDIATRIC NEUROLOGY PATIENT QUESTIONNAIRE

PATIENT NAME _____ FORM COMPLETED BY _____
 PRIMARY PHYSICIAN _____ REFERRING PHYSICIAN _____
 REASON FOR REFERRAL _____ DATE _____

Please check **ALL** categories for symptoms that the patient has recently experienced in the last 2 weeks.

*Please mark **"NO PROBLEMS"** if system is clear.

GENERAL HEALTH

- FEVER
- CHILLS
- SWEATS
- CHANGE IN APPETITE
- FATIGUE
- WEIGHT LOSS
- WEIGHT GAIN
- DECREASED ACTIVITY
- NO PROBLEMS**

EAR/EYE/NOSE/THROAT

- BLURRED VISION
- DOUBLE VISION
- EYE IRRITATION
- EYE DISCHARGE
- EYE PAIN
- VISION LOSS
- PAIN FROM BRIGHT LIGHTS
- EAR ACHE
- EAR DISCHARGE
- RINGING IN EARS
- DECREASED HEARING
- NASAL CONGESTION
- NOSE BLEEDS
- SORE THROAT
- HOARSENESS
- DIFFICULTY SWALLOWING
- DIFFICULTY TALKING
- NO PROBLEMS**

HEART

- CHEST PAIN
- RAPID HEART BEATS
- FAINTING
- DIFFICULTY BREATHING AFTER EXERCISE
- SWELLING OF THE FACE, HANDS OR FEET
- HIGH BLOOD PRESSURE
- LOW BLOOD PRESSURE
- NO PROBLEMS**

LUNGS

- COUGH
- DIFFICULTY BREATHING
- INCREASED SPUTUM
- COUGHING BLOOD
- WHEEZING
- NO PROBLEMS**

GASTROINTESTINAL

- NAUSEA, VOMITING, DIARRHEA
- CONSTIPATION
- ABDOMINAL PAIN
- BLACK, TARRY STOOLS
- BLOOD IN STOOLS
- YELLOW SKIN
- NO PROBLEMS**

KIDNEY

- PAIN ON URINATION
- FREQUENT URINATION
- COLOR CHANGE OF URINE
- URGENCY ON URINATION
- PROBLEMS HOLDING URINE
- BEDWETTING
- NO PROBLEMS**

GYNECOLOGIC (FEMALES)

- VAGINAL DISCHARGE
- CHANGE IN MENSTRUAL CYCLE
- PELVIC PAIN
- PELVIC INFECTIONS
- NO PROBLEMS**

MUSCULOSKELETAL

- BACK PAIN
- JOINT PAIN
- JOINT SWELLING
- MUSCLE CRAMPS
- MUSCLE WEAKNESS
- STIFFNESS
- ARTHRITIS

NO PROBLEMS

SKIN

- RASH
- ITCHING
- DRYNESS
- SUSPICIOUS LESIONS
- BIRTHMARKS
- NO PROBLEMS**

NEUROLOGIC

- WEAKNESS
- LOSS OR ABNORMAL SENSATIONS
- SEIZURES
- TREMORS
- DIZZINESS
- HEADACHE
- NO PROBLEMS**

PSYCHIATRIC

- DEPRESSION
- ANXIETY
- MEMORY LOSS
- MENTAL DISTURBANCE
- SUICIDAL THOUGHTS OR ACTIONS
- HALLUCINATIONS
- NO PROBLEMS**

ENDOCRINE

- COLD INTOLERANCE
- HEAT INTOLERANCE
- INCREASED APPETITE
- INCREASED THIRST
- NO PROBLEMS**

BLOOD

- ABNORMAL BRUISING
- BLEEDING
- ENLARGED LYMPH NODES
- NO PROBLEMS**

Please be sure to complete each section.