

**PEDIATRIC ENDOCRINOLOGY AND DIABETES CLINIC
 REVIEW OF SYSTEMS QUESTIONNAIRE**

Today's Date: _____		
Patient's Name: _____		Date of Birth: _____
Who is filling out this form? (please circle) Mother / Father/ Patient / Other (relation)		
School name: _____	School Nurse: _____	Grade: _____
Pharmacy _____ Specialty Pharmacy _____		
Do you need 90 day prescriptions? Yes / NO		
For adrenal insufficiency patients only: When was your last solucortef training?		
Any concerns you would like addressed today?		

HAS YOUR CHILD BEEN EXPERIENCING ANY OF THE FOLLOWING?

<p align="center"><u>Constitutional:</u></p> <p>__ excessive fatigue __ difficulty sleeping __ excessive appetite __ poor appetite __ feeding difficulty __ excessive weight gain __ excessive weight loss __ developmental delay</p> <p align="center"><u>Eyes:</u></p> <p>__ wear glasses or contacts __ blurred vision</p> <p align="center"><u>Ears, nose, mouth, throat:</u></p> <p>__ decreased hearing __ decreased ability to smell __ frequent nose bleeds __ difficulty swallowing __ change in voice</p> <p align="center"><u>Heart/Vascular:</u></p> <p>__ chest pain __ palpitations __ heart racing</p> <p align="center"><u>Respiratory:</u></p> <p>__ difficulty breathing __ shortness of breath __ wheezing __ cough</p>	<p align="center"><u>Immunology:</u></p> <p>__ frequent yeast infections</p> <p align="center"><u>Gastrointestinal:</u></p> <p>__ frequent abdominal pain __ nausea __ vomiting __ diarrhea __ constipation</p> <p align="center"><u>Neurologic:</u></p> <p>__ frequent headaches __ seizures/ convulsions __ tremor __ tingling/numbness in hands/feet __ dizziness __ fainting __ confusion</p> <p align="center"><u>Skin:</u></p> <p>__ rashes __ change in skin color __ excessively dry skin __ excessively oily skin __ acne __ easy bruising __ stretch marks __ male pattern hair growth (for girls) __ dry, brittle hair __ hair loss __ flushing</p>	<p align="center"><u>Musculoskeletal:</u></p> <p>__ joint pain __ muscle pains __ muscle cramps __ fractures</p> <p align="center"><u>Endocrinology:</u></p> <p>__ excessive thirst __ cold intolerance __ heat intolerance __ puberty before age 8 __ puberty after age 16 __ adult body odor __ nipple drainage __ excessive urination</p> <p>Girls:</p> <p>Age of first period _____ Date of last period _____ __ heavy periods __ irregular periods</p> <p>Boys:</p> <p>__ breast tissue</p> <p align="center"><u>Mental Health Depression:</u></p> <p>__ anxiety/ nervousness __ depression __ agitation/ irritability __ mood swings</p>
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Please list any other healthcare specialist who are currently involved in your child's care.

Have you been to the ER or your primary care provider within the last 6 months? (if yes, please explain)

Any updates to your family history since we saw you last?

Any changes to your child's social situation? (Change of school, living situation, death in family or friend, etc...)

*******FOR DIABETES PATIENTS ONLY*******

Please circle correct medication: Novolog Humalog Apidra

How do you treat high blood sugars when they are not responding to correction doses?

How do you treat low blood sugars? _____

Do you check ketones? YES / NO

Do you know how to mix and use glucagon? YES / NO Minidose glucagon? YES/ NO

Insulin Pump Brand? _____

Have you independently made changes to your child's insulin / pump settings since your last visit? YES/ NO
(if yes please explain) _____

*******INJECTIONS ONLY*******

Tresiba / Toujeo _____ Units at _____ AM/PM

Lantus/ Levemir _____ Units at _____ AM/PM

Meals	I:C Ratio
Breakfast	
Lunch	
Dinner	
Correction: (Blood Sugar- _____) ÷ _____	
Is there anything you would like to discuss with your provider today?	