Providence Medical Group

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?

Constitutional:

__excessive fatigue
__ difficulty sleeping
__excessive appetite
__poor appetite
__feeding difficulty
__excessive weight gain
__excessive weight loss
__developmental delay

Eyes:

__wear glasses or contacts
__blurred vision

Ears, nose, mouth, throat:

__decreased hearing
__decreased ability to smell
__frequent nose bleeds
__difficulty swallowing
__change in voice

Heart/Vascular:

__chest pain
__palpitations
__heart racing

Respiratory:

__difficulty breathing
__shortness of breath
__wheezing
__cough

Immunology:

__frequent yeast infections

Gastrointestinal:

__frequent abdominal pain
__nausea
__vomiting
__diarrhea
__constipation

Neurologic:

__frequent headaches
__seizures/ convulsions
__tremor
__tingling/numbness in hands/feet
__dizziness
__fainting
__confusion

Skin:

__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

Musculoskeletal:

__joint pain
__muscle pains
__muscle cramps
__fractures

Endocrinology:

__excessive thirst
__cold intolerance
__heat intolerance
__puberty before age 8
__puberty after age 16
__adult body odor
__nipple drainage
__ excessive urination

Girls:

Age of first period _____
Date of last period _____
__heavy periods
__irregular periods

Boys:

__breast tissue

Mental Health Depression:

__anxiety/ nervousness
__depression
__agitation/ irritability
__mood swings

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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 mediation: 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 Mlnidose 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?