Pediatric Dermatology

Patient Name _____ DOB:_____ DATE:_____

System – Please check all that apply.

General	☐ Negative ☐ Fever	☐ Fatigue ☐ Chills	☐ Sweats ☐ Bleeding problems	☐ Change in appetite ☐ Nutritional concerns	☐ Weight Loss ☐ Weight gain	☐ See comment
Comment						
Head	☐ Negative	☐ Headaches	☐ HX of head injury/concussion	☐ See comment		
Comment						
Eyes	☐ Negative ☐ Impaired vision ☐ Pain	☐ Itching ☐ Dryness ☐ Redness	☐ Glaucoma ☐ Infection ☐ Double vision	☐ Corrective lenses/contacts ☐ See comment		
Comment						
Ears	☐ Negative ☐ Impaired hearing	☐ Deafness ☐ Discharge	☐ Pain ☐ Ringing in the ears	☐ Dizziness ☐ See comment		
Comment						
Nose and Sinuses	☐ Negative ☐ Diminshed sense of smell ☐ Bleeding	☐ Dryness ☐ Pain ☐ Discharge	☐ Obstruction ☐ Sinusitis ☐ Seasonal allergies	☐ See comment		
Comment						
Mouth and Throat	☐ Negative ☐ Sore throat ☐ Pain	☐ Infection ☐ Sore tongue ☐ Ulcers	☐ Blisters ☐ Lip lesions ☐ Canker sores	☐ Difficulty swallowing ☐ Hoarseness ☐ Tonsilitis	☐ Dental problems ☐ See comment	
Comment						
Neck	☐ Negative ☐ Stiffness	☐ Limited motion ☐ Pain	☐ Lumps ☐ Swollen glands	☐ See comment		
Comment						
Breasts	☐ Negative	☐ Discharge	☐ Bleeding	☐ Retraction	☐ Tenderness	☐ Size ☐ See comment
Comment						
Skin	☐ Negative ☐ Rash	☐ Itching ☐ Color change	☐ Moles/changes ☐ Infection	☐ Hair/changes ☐ Nails/changes	☐ Tumors ☐ Sores	☐ Hives ☐ See comment ☐ Lesion
Comment						
Respiratory	☐ Negative ☐ Cough ☐ Chest pain ☐ Wheezing	☐ Asthma ☐ Pneumonia ☐ Sputum (color/frequency) ☐ Recurrent infection	☐ Exposure to tuberculosis ☐ Cyanosis (Bluish tint to skin, lips, nails) ☐ Shortness of breath ☐ See comment			
Comment						
Cardiovascular	☐ Negative ☐ Chest pain ☐ Murmur ☐ Palpitations	☐ Difficulty Breathing ☐ Shortness of breath during exercise ☐ Fainting ☐ Phlebitis	☐ Varicose veins ☐ See comment			
Comment						
Hematologic / Lymphatic	☐ Negative ☐ Anemia	☐ Bleeding ☐ Malignancy	☐ Swollen lymph nodes ☐ Transfusion	☐ See comment		
Comment						

Pediatric Dermatology

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Gastrointestinal	☐ Negative ☐ Diarrhea ☐ Hernia ☐ Abdominal pain ☐ Bloating ☐ Nausea ☐ Heartburn ☐ Constipation ☐ Belching ☐ Hemorrhoids ☐ Vomiting ☐ Food intolerance ☐ Laxative or enema use ☐ Black stools ☐ See comment ☐ Vomiting blood ☐ Change in bowel habits ☐ Ulcers ☐ Stooling "accidents"
Comment	
Genitourinary	☐ Negative ☐ Hesitancy ☐ Urgency ☐ Incontinence ☐ Bedwetting ☐ Frequency ☐ See comment ☐ Burning ☐ Infection ☐ Blood in urine ☐ Kidney stones ☐ Leakage ☐ Toilet trained
Comment	
Reproductive	☐ Negative ☐ Started menstrual cycle ☐ Sexually transmitted disease ☐ See comment ☐ Discharge ☐ Painful menstrual cramps ☐ Childbirth ☐ Itching ☐ Contraceptive use ☐ Abortion ☐ Infection ☐ Complication of pregnancy ☐ Painful intercourse
Comment	
Musculoskeletal	☐ Negative ☐ Pain ☐ Atrophy ☐ Joint pain ☐ Back Injury ☐ See comment ☐ Muscle cramps ☐ Weakness ☐ Swelling ☐ Fractures ☐ Curvature of spine
Comment	
Endocrine / Metabolic	☐ Negative ☐ Hair/changes ☐ Urinary frequency ☐ Heat or cold intolerance ☐ Excessive sweating ☐ See comment ☐ Diabetes ☐ Thirst
Comment	
Neurologic	☐ Negative ☐ Double vision ☐ Tic ☐ Hyperactivity ☐ Headaches ☐ Vision loss or change ☐ Tingling ☐ Developmental delay ☐ Fainting ☐ Paralysis ☐ Burning ☐ Unusual development/behavior ☐ Seizures ☐ Pain ☐ Poor coordination or balance ☐ Short attention span ☐ Dizziness ☐ Numbness ☐ Learning problems ☐ See comment ☐ Blindness ☐ Attention problems
Comment	
Psychiatric / Emotional	☐ Negative ☐ Does not play with others or has few friends ☐ Sleep disturbances ☐ Fights with other children ☐ Unhappy, down or hopeless ☐ Defiant or argumentative with adults ☐ Suicidal expression or self-injurious behavior ☐ Suspected drug or alcohol use ☐ Severe mood swings ☐ Strange or nonsensical thinking or behavior ☐ Excessive worries or fears ☐ Recent changes in family or school ☐ Fidgety, unable to sit still or trouble concentrating ☐ See comment
Comment	