



Mesa Pediatrics
Professional Association

MPPA REVIEW OF SYSTEMS

Date _____

Patient Name: _____

Date of birth: _____

Please review the following list and check those that your child has complained about or suffered from in the past year. Mark **Y** if your child has experienced a problem, **N** if not. Depending on the age of your child some of these questions may not apply. If so, please mark **NA**.

- Discharge from vagina or penis Y N N
- Frequent urination Y N N
- Painful urination Y N N
- Bed-wetting problems Y N N

GENERAL

- Chills Y N N
- Fever Y N N
- Persistently Tired Y N N
- Sweats Y N N
- Loss of Weight Y N N

SKIN

- Acne Y N N
- Eczema Y N N
- Slow healing bruises Y N N
- Changing mole Y N N
- Excessive sweating Y N N
- Hives Y N N
- Persistent rashes Y N N

HEAD,EYE,EAR,NOSE,THROAT

- Vision problems Y N N
- Excessive tearing Y N N
- Loss of hearing Y N N
- Ear discharge Y N N
- Frequent ear infections Y N N
- Earache Y N N
- Frequent nosebleeds Y N N
- Nasal congestion Y N N
- Mouth breathing Y N N
- Snoring Y N N
- Allergies Y N N
- Sinus problems Y N N
- Bleeding gums Y N N
- Hoarseness Y N N
- Sores in mouth/gums Y N N
- Dental problems Y N N
- Been to dentist Y N N

- Frequent tonsil infections Y N N
- Difficulty talking Y N N
- Stuttering Y N N

RESPIRATORY

- Night-time cough Y N N
- Recurrent/chronic cough Y N N
- Shortness of breath Y N N
- Unable to keep up with peers Y N N
- Difficulty breathing Y N N
- Wheezing Y N N

CARDIOVASCULAR

- Chest pain Y N N
- Heart murmur Y N N
- Irregular heart beat Y N N
- Hypertension Y N N
- Difficulty breathing lying down Y N N

GASTROINTESTINAL

- Food restriction/dieting Y N N
- Stomach aches Y N N
- Dark stools Y N N
- Bloody stools Y N N
- Constipation Y N N
- Diarrhea Y N N
- Nausea Y N N
- Vomiting Y N N

GENITOURINARY

- Unusual urine odor Y N N
- Blood in urine Y N N

MUSCULOSKELETAL

- Prior fracture Y N N
- Scoliosis Y N N
- Back Pain Y N N
- Painful joints Y N N
- Swollen joints Y N N

NERVOUS SYSTEM

- Speech / gait problems Y N N
- Dizzy Y N N
- Fainting spells Y N N
- Headaches Y N N
- Seizures Y N N
- Tremors Y N N
- Weakness Y N N

PSYCHIATRIC

- Anxiety Y N N
- Change in sleep pattern Y N N
- Depression Y N N
- Inability to concentrate Y N N

ENDOCRINE

- Appetite change Y N N
- Cold intolerance Y N N
- Excessive thirst Y N N
- Excessive urination Y N N
- Heat intolerance Y N N

HEMATOLOGIC

- Abnormal bleeding Y N N
- Easy bruising Y N N
- Nose bleeds Y N N

Reviewed by / Date _____

Form Revised 5/25/05