

Pre-School Review of Systems (3 years – 5 years)

Name: _____ **Age:** _____ **Date:** _____

Please check (✓) the statements that apply to your child.

- One or both parents smoke.
- There has been a serious illness in the past.
- There is a present concern about my child's overall health.
- Do you wonder if immunizations are up to date?
- There was a bad reaction to an immunization.
- Do you wonder about vitamins or fluoride?
- There is a possible allergy to certain foods, medications and/or environmental stimuli (i.e. dust, pollen).
- Our child does not eat 3 meals a day.
- There is a concern about a balanced diet (i.e. the 4 food groups – milk products, fruits and vegetables, breads and cereal, meat, chicken and fish).
- Our child snacks on too many sweets, including beverages.
- It is hard to get our child to brush his/her teeth.
- Our child soils his/her underwear or has nighttime accidents.
- Our child has difficulty with running, walking and/or coordination.
- Our child does not dress himself/herself.
- Our child does not play well with other children or adults.
- Our child does not have any activities outside his/her home.
- Our child is afraid of new situations.
- Our child is uncooperative.
- There is a concern about too many temper tantrums.
- Our child seems to have unusual fears or is unhappy.
- There is a concern about sleeping or napping.
- The child has an undue concern about sex organs.
- There is need for information on sex education.
- There is a concern about safety both inside and/or outside the child's home.
- There has been recent weight loss or recurrent illness.
- There is a problem with eyes, vision, ears or hearing.
- Our child frequently has a runny or stuffy nose.
- There is a problem with headaches.
- We do not have the Poison Control Number by our telephone.
- There is a lump or swelling that is of concern.
- There is a question about rashes, sores, pimples or birthmarks.
- There is a history of seizures (convulsions).
- There is a concern about coughing, wheezing, or breathing.
- We have been told that our child has a problem with his/her heart or lungs.
- There is a concern with bowel movements (too soft, too hard, etc.).

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- Our child's urine looks too dark, smells too strong, seems too often and/or causes pain.
- There is a concern about our child's feet, legs and/or hips.
- There is a family or marital problem.
- Someone close to our child is seriously ill or has recently died.
- Sometimes one of the child's parents seems too strict.
- Sometimes one of the child's parents has difficulty disciplining the child.
- The mother or father does not have enough time to spend with the child.
- There are other problems this questionnaire did not address.
- I (We) wish to talk to the doctor or nurse practitioner about a confidential matter.
- Our child is currently seeing other health care providers (physicians, physical and/or speech therapy, etc.) or using other health related agencies (i.e. well child clinics, Broome Developmental Center, etc.).
- Our child has had the chickenpox.