INTEGRIS
Pediatric Neurology

Patient Name:________________________________ Today's Date: ________________

I would like to welcome you back to the office. To make your return visit as productive and efficient as possible, it would be helpful if you could provide the following information.

Is there a specific question or concern that you would like addressed today?
____
____

Have there been any changes in your child's medication since your last visit?
Medications added: ____
Medications stopped: ____

Have you had any studies (CT, MRI, EEG) since last being here? No ☐ Yes ☐
If yes, where? ____

I know that you are here for a neurological problem, but since the last visit have you noted any of the following symptoms?

	Yes	No	
General:	☐	☐	fatigue
	☐	☐	weight loss
	☐	☐	weight gain
	☐	☐	recurrent fevers
	☐	☐	sleep problems
Heent:	☐	☐	poor vision
	☐	☐	double vision
	☐	☐	eye pain
	☐	☐	discharge from ears
	☐	☐	ringing in ears
	☐	☐	poor hearing
	☐	☐	hoarse voice
	☐	☐	difficulty swallowing
	☐	☐	frequent nosebleeds
CV:	☐	☐	chest pain or discomfort
	☐	☐	heart palpitations
Resp:	☐	☐	shortness of breath
	☐	☐	wheezing
	☐	☐	chronic cough
	☐	☐	Tuberculosis exposure
GI:	☐	☐	gagging or choking on food
	☐	☐	frequent nausea
	☐	☐	frequent vomiting
	☐	☐	recurrent diarrhea
	☐	☐	chronic constipation
	☐	☐	gastro esophageal reflux
Bones/	☐	☐	recurrent joint pain or stiffness
Muscles:	☐	☐	recurrent joint swelling
	☐	☐	curved spine / scoliosis
	☐	☐	frequent muscle pain
	☐	☐	frequent muscle cramps
	☐	☐	muscle weakness

	Yes	No	
Skin:	☐	☐	recurrent rash
	☐	☐	birthmark(s)
	☐	☐	dark spots on skin
	☐	☐	light spots on skin
	☐	☐	loss/thinning of hair
GU:	☐	☐	dark urine
	☐	☐	incontinence (daytime)
	☐	☐	incontinence (nighttime)
Endo:	☐	☐	excessive thirst
	☐	☐	frequent urination
Heme:	☐	☐	easy bruising
	☐	☐	bleeding takes a long time to stop
Psych:	☐	☐	suicidal thoughts/attempts
	☐	☐	homicidal thoughts
	☐	☐	hears voices that aren't real
	☐	☐	sees things that aren't real
	☐	☐	depression / seems sad a lot
Beh:	☐	☐	hyperactive
	☐	☐	acts without thinking
	☐	☐	easily distracted
	☐	☐	often misplaces schoolwork
	☐	☐	disorganized to a fault
	☐	☐	trouble following directions
	☐	☐	takes too long to do homework
	☐	☐	not very social
	☐	☐	won't make good eye contact
	☐	☐	has rituals or obsessions
	☐	☐	makes noise constantly
Neuro:	☐	☐	headaches
	☐	☐	seizures
	☐	☐	attention problems
	☐	☐	involuntary movements