

FLANDERS PEDIATRICS, LLC

131 Boston Post Road
East Lyme, CT 06333

Review of Systems: Please circle "Y" for yes or "N" for no. If yes, please elaborate below.
(Leave blank if Not Applicable)

| Allergic/Immunologic | | Eye | | Skin (Continue) | |
|---------------------------------|-----|---------------------------------|-----|---------------------------------|-----|
| 1. Hives | Y N | 36. Redness | Y N | 70. Itchy/Dry Skin | Y N |
| 2. Frequent Infections | Y N | 37. Itching | Y N | 71. Changes in Nails | Y N |
| 3. Food Allergies | Y N | 38. Blurred Vision | Y N | 72. Loss of Hair | Y N |
| 4. Contact Allergies | Y N | 39. Loss of Vision | Y N | 73. Others | Y |
| 5. Environmental Allergies | Y N | 40. Discharge/Tearing | Y N | Musculoskeletal | |
| 6. Eczema | Y N | 41. Others | Y | 74. Neck Pain | Y N |
| 7. Others | Y | Gastrointestinal | | 75. Back Pain | Y N |
| Cardiovascular | | 42. Abdominal Pain/Cramps | Y N | 76. Hip Pain | Y N |
| 8. Chest Pain | Y N | 43. Vomiting/Diarrhea | Y N | 77. Shoulder Pain | Y N |
| 9. Palpitations | Y N | 44. Constipation | Y N | 78. Joint Pain | Y N |
| 10. High Blood Pressure | Y N | 45. Black Stool | Y N | 79. Stiff/Swollen Joints | Y N |
| 11. Purple Lips or Fingers | Y N | 46. Heartburn (reflux) | Y N | 80. Sport Injuries | Y N |
| Constitutional | | 47. Indigestion | Y N | 81. Others | Y |
| 12. General good health | Y N | 48. Poor Appetite | Y N | Neurological | |
| 13. Fever | Y N | 49. Food Intolerance | Y N | 82. Headache | Y N |
| 14. Chills | Y N | 50. Rectal Bleeding | Y N | 83. Blackout | Y N |
| 15. Nausea | Y N | Genitourinary | | 84. Numbness | Y N |
| 16. Dizziness | Y N | 51. Painful/difficult urination | Y N | 85. Unsteady gait | Y N |
| 17. Weight loss/gain | Y N | 52. Frequent urination | Y N | 86. Seizure | Y N |
| 18. Irritability | Y N | 53. Bed wetting | Y N | 87. Others | Y |
| 19. Fatigue | Y N | 54. Blood in urine | Y N | Psychiatric | |
| 20. Others | Y | 55. Urethral Discharge | Y N | 88. Anxious | Y N |
| Ear, Nose, Mouth, Throat | | 56. Lumps | Y N | 89. Depression | Y N |
| 21. Ear Pain | Y N | 57. Others | Y | 90. Sleep Problems | Y N |
| 22. Hearing loss/concerns | Y N | Gynecologic | | 91. Severe mood swings | Y N |
| 23. Discharge from ears | Y N | 58. Absent Periods | Y N | 92. Difficulty paying attention | Y N |
| 24. Stuffy/runny Nose | Y N | 59. Irregular Period | Y N | 93. School Problems | Y N |
| 25. Post Nasal drip | Y N | 60. Menstrual Cramps | Y N | 94. Drug use | Y N |
| 26. Bad Breath | Y N | 61. Heavy vaginal bleeding | Y N | 95. Alcohol use | Y N |
| 27. Sore Throat | Y N | 62. Vaginal Discharge | Y N | 96. Others | Y |
| 28. Bleeding Gums | Y N | 63. Vulvar Rash | Y N | Respiratory/Lungs | |
| 29. Difficulty swallowing | Y N | Hematologic/Lymphatic | | 97. Shortness of breath | Y N |
| 30. Others | Y | 64. Bruising Tendency | Y N | 98. Chronic cough | Y N |
| Endocrine | | 65. Bleeding Tendency | Y N | 99. Wheezing | Y N |
| 31. Excessive Thirst/Urination | Y N | 66. Slow to heal after cuts | Y N | 100. Chest congestion | Y N |
| 32. Heat or Cold Intolerance | Y N | 67. Enlarged nodes | Y N | 101. Chest Pain | Y N |
| 33. Poor Weight Gain | Y N | Skin (Integumentary) | | 102. Coughing at night | Y N |
| 34. Poor Growth | Y N | 68. Rash | Y N | 103. Coughing w/ exercise | Y N |
| 35. Others | Y | 69. Discoloration | Y N | 104. Others | Y |

ROS Comments (Please indicate number and additional information for all "Y" answers)

Initial Date: ___/___/___ Changes: _____

1. Reviewed Date: ___/___/___ Provider Signature: _____
 2. Reviewed Date: ___/___/___ Provider Signature: _____
 3. Reviewed Date: ___/___/___ Provider Signature: _____

PATIENT NAME: _____

DOB: ___/___/___