

**USE THIS FORM FOR UNDER 18 YEARS OLD**

**PEDIATRIC ROS / PMHx**

**Eastside ENT Specialists, Inc.**

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Has your child ever had these medical problems?

**EYES:**

Vision problems [ ] Yes [ ] No  
Crossed eyes [ ] Yes [ ] No

**EARS, NOSE, THROAT:**

Frequent ear infections [ ] Yes [ ] No  
Hearing loss [ ] Yes [ ] No  
Ringing [ ] Yes [ ] No  
Sinus Infections [ ] Yes [ ] No  
Mouth breathing [ ] Yes [ ] No  
Snoring [ ] Yes [ ] No  
Frequent strep throat  
or tonsillitis [ ] Yes [ ] No  
Speech problem [ ] Yes [ ] No  
Language delay [ ] Yes [ ] No

**HEART:**

Abnormal murmurs [ ] Yes [ ] No  
Heart defect [ ] Yes [ ] No

**LUNGS:**

Wheezing / Asthma [ ] Yes [ ] No  
Recurring croup [ ] Yes [ ] No  
Pneumonia [ ] Yes [ ] No  
Excessive coughing [ ] Yes [ ] No

**GASTRO-INTESTINAL:**

Heartburn [ ] Yes [ ] No  
Ulcers [ ] Yes [ ] No  
Liver disease [ ] Yes [ ] No  
Hepatitis [ ] Yes [ ] No  
Colitis [ ] Yes [ ] No

**URINARY:**

Urinary infections [ ] Yes [ ] No  
Kidney disease [ ] Yes [ ] No  
Bedwetting [ ] Yes [ ] No

**MUSCULO-SKELETAL:**

Arthritis [ ] Yes [ ] No  
Fractures [ ] Yes [ ] No  
Walks with limp [ ] Yes [ ] No

**NEUROLOGICAL:**

Headaches [ ] Yes [ ] No  
Migraines [ ] Yes [ ] No  
Seizures / Fits [ ] Yes [ ] No  
Autism [ ] Yes [ ] No

**ENDOCRINE:**

Diabetes [ ] Yes [ ] No  
Thyroid [ ] Yes [ ] No

**MOOD:**

Depression [ ] Yes [ ] No  
ADD / Hyperactivity [ ] Yes [ ] No

**SKIN:**

Eczema [ ] Yes [ ] No  
Recurrent rashes [ ] Yes [ ] No  
Hives [ ] Yes [ ] No

**HEMATOLOGY:**

Anemia [ ] Yes [ ] No  
Bleeding tendency [ ] Yes [ ] No  
Lymphoma [ ] Yes [ ] No

**IMMUNOLOGIC:**

Immune deficiency [ ] Yes [ ] No  
HIV exposure [ ] Yes [ ] No  
Are immunizations  
behind schedule? [ ] Yes [ ] No

**CURRENT MEDICATIONS:** \_\_\_\_\_

**HOSPITAL ADMISSIONS:** \_\_\_\_\_

**SURGERIES:** \_\_\_\_\_

**SOCIAL HISTORY:** Household members: \_\_\_\_\_

School & grade: \_\_\_\_\_ Tobacco in home? \_\_\_\_\_

**FAMILY MEDICAL PROBLEMS:** Diabetes \_\_\_\_\_ Ear infections: \_\_\_\_\_

Bleeding tendencies \_\_\_\_\_ Deafness: \_\_\_\_\_

**ALLERGIES TO ENVIRONMENT:**

(Hay fever, pollens, animals) \_\_\_\_\_

**DRUG ALLERGIES:** \_\_\_\_\_