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## Adolescent Review of Systems: Ages 11 - 21

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Preferred Pharmacy: \_\_\_\_\_

Date of last dental exam: \_\_\_\_\_

Please circle anything that you have experienced in the past two weeks:

**WEIGHT** - recent changes

**ORAL HEALTH** – dry mouth, mouth pain, tooth pain, swelling

**SKIN & LYMPH** - rashes, swollen lymph nodes, lumps, bruising and bleeding, pigmentation changes

**HEENT** - headaches, concussions, unusual head shape, eye redness or discharge, visual problems, hearing, ear infections, draining ears, cold and sore throats, mouth breathing, snoring, apnea, white patches on tongue, nosebleeds, cavities

**CARDIAC** – fatigue, shortness of air, turning blue, heart murmurs, exercise intolerance, squatting, chest pain, palpitations

**RESPIRATORY** - wheezing, chronic cough, productive cough, coughing up blood, exposure to TB

**GI** - stool color and character, diarrhea, constipation, vomiting, vomiting blood, jaundice, abdominal pain, colic, change in appetite

**GU** - frequency, painful urination, blood in urine, discharge, abdominal pains, previous infections, facial swelling

**MUSCULOSKELATAL** - joint pains or swelling, fevers, scoliosis, muscle aches or weakness, injuries, gait changes

**NEURO** – seizures, weakness, headache, numbness

**PUBERTAL** - menses and menstrual problems, pregnancies, sexual activity

**ALLERGY** - hives, hay fever, allergies, asthma, eczema, drug reactions

**PSYCHIATRIC** – difficulty sleeping, behavioral changes, hyperactivity

In the past two weeks, have you:

Had little interest or pleasure in doing things?    Yes    No

Felt down, depressed or hopeless?                      Yes    No

In the past 12 months, did you:

1. Drink any alcohol (more than a few sips)?    Yes    No

2. Smoke or consume any marijuana or pot?    Yes    No

3. Use anything else\* to get high?                      Yes    No

\*anything else includes illegal drugs, over the counter and prescription drugs, and things you sniff or “huff”