

COLLEGE PARK FAMILY CARE CENTER

**CHILDREN'S ALLERGY REVIEW OF SYSTEMS
(0 - 12 years of age)**

Name _____ DOB _____ Date _____

ANY PROBLEMS IN THESE AREAS? (circle one if applicable)	YES	NO
CONSTITUTIONAL (fatigue, irritability, weight gain or loss)	_____	_____
ENT (problems with sinus or ears)	_____	_____
LUNGS (exercise/cough problems)	_____	_____
GASTROINTESTINAL (stomach aches, loose stools, reflux, heartburn)	_____	_____
NEUROLOGICAL (headache problems)	_____	_____
SKIN ALLERGY (dry skin, rashes, hives)	_____	_____
SOCIAL HISTORY (school problems, behavior problems, ADD, ADHD, hyperactivity)	_____	_____
OTHER (briefly state):		