Olive Branch Pediatrics

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Review of Systems

Please place a check mark next to any of the following symptoms that apply to the patient's current health.

General:
Fever _____
Fatigue _____
Weight Loss _____

Eyes:
Blurred Vision _____
Eye Pain _____
Glasses _____

Ear/Nose/Throat:
Ear Pain _____
Decreased Hearing _____
Nosebleeds _____
Nasal Congestion _____
Runny Nose _____
Sore Throat _____
Hoarseness _____
Difficulty Swallowing _____

Respiratory:
Cough _____
Wheezing _____
Shortness of Breath _____

Cardiovascular:
Heart Murmur _____
Chest Pain _____
Irregular Heart Beat _____
Blood Pressure Problem _____

Gastrointestinal:
Abdominal Pain _____
Nausea _____
Vomiting _____
Diarrhea _____
Constipation _____
Blood in Stool _____
Heartburn _____

Genitourinary:
Pain with Urination _____
Blood in Urine _____
Frequent Urination _____
Bedwetting _____

Endocrine:
Hair Loss _____
Cold/Heat Intolerance _____
Abnormal Period _____

Skin:
Rash _____
Acne _____

Hematology:
Easy Bleeding _____
Easy Bruising _____
Anemia _____

Musculoskeletal:
Bone Pain _____
Back Pain _____
Swollen Joint _____
Muscle Pain _____

Neurological:
Headache _____
Seizures _____
Dizziness _____
Numbness _____

Allergic:
Food Allergy _____
Medication Allergy _____

ASQ-3™

60 Month Questionnaire

57 months 0 days through 66 months 0 days

On the following pages are questions about activities babies may do. Your baby may have already done some of the activities described here, and there may be some your baby has not begun doing yet. For each item, please fill in the circle that indicates whether your baby is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- ☑ Try each activity with your baby before marking a response.
- ☑ Make completing this questionnaire a game that is fun for you and your child.
- ☑ Make sure your child is rested and fed.
- ☑ Please return this questionnaire by _____.

Notes:

_____

_____

_____

_____

COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. Without your giving help by pointing or repeating directions, does your child follow three directions that are *unrelated* to one another? Give all three directions before your child starts. For example, you may ask your child, "Clap your hands, walk to the door, and sit down," or "Give me the pen, open the book, and stand up."	○	○	○	___
2. Does your child use four- and five-word sentences? For example, does your child say, "I want the car"? Please write an example:	○	○	○	___
3. When talking about something that already happened, does your child use words that end in "-ed," such as "walk*ed*," "jump*ed*," or "play*ed*"? Ask your child questions, such as "How did you get to the store?" ("We walk*ed*.") "What did you do at your friend's house?" ("We play*ed*.") Please write an example:	○	○	○	___
4. Does your child use comparison words, such as "heavier," "stronger," or "shorter"? Ask your child questions, such as "A car is big, but a bus is _____" (bigger); "A cat is heavy, but a man is _____" (heavier); "A TV is small, but a book is _____" (smaller). Please write an example:	○	○	○	___

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COMMUNICATION *(continued)*

	YES	SOMETIMES	NOT YET	

5. Does your child answer the following questions? *(Mark "sometimes" if your child answers only one question.)* ○ ○ ○ ___

   "What do you do when you are hungry?" *(Acceptable answers include "get food," "eat," "ask for something to eat," and "have a snack.")* Please write your child's response:

   "What do you do when you are tired?" *(Acceptable answers include: "take a nap," "rest," "go to sleep," "go to bed," "lie down," and "sit down.")* Please write your child's response:

6. Does your child repeat the sentences shown below back to you, without any mistakes? *(Read the sentences one at a time. You may repeat each sentence one time. Mark "yes" if your child repeats both sentences without mistakes or "sometimes" if your child repeats one sentence without mistakes.)* ○ ○ ○ ___

   Jane hides her shoes for Maria to find.

   Al read the blue book under his bed.

COMMUNICATION TOTAL ___

GROSS MOTOR

	YES	SOMETIMES	NOT YET	

1. While standing, does your child throw a ball *overhand* in the direction of a person standing at least 6 feet away? To throw overhand, your child must raise his arm to shoulder height and throw the ball forward. *(Dropping the ball or throwing the ball underhand should be scored as "not yet.")* ○ ○ ○ ___

2. Does your child catch a large ball with both hands? *(You should stand about 5 feet away and give your child two or three tries before you mark the answer.)* ○ ○ ○ ___

3. Without holding onto anything, does your child stand on one foot for at least 5 seconds without losing her balance and putting her foot down? *(You may give your child two or three tries before you mark the answer.)* ○ ○ ○ ___

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GROSS MOTOR *(continued)*

	YES	SOMETIMES	NOT YET	
4. Does your child walk on his tiptoes for 15 feet (about the length of a large car)? *(You may show him how to do this.)*	○	○	○	___
5. Does your child hop forward on one foot for a distance of 4–6 feet without putting down the other foot? *(You may give him two tries on each foot. Mark "sometimes" if she can hop on one foot only.)*	○	○	○	___
6. Does your child skip using alternating feet? *(You may show him how to do this.)*	○	○	○	___

GROSS MOTOR TOTAL ___

FINE MOTOR

	YES	SOMETIMES	NOT YET	
1. Ask your child to trace on the line below with a pencil. Does your child trace on the line without going off the line more than two times? *(Mark "sometimes" if your child goes off the line three times.)*	○	○	○	___
2. Ask your child to draw a picture of a person on a blank sheet of paper. You may ask your child, "Draw a picture of a girl or a boy." If your child draws a person with head, body, arms, *and* legs, mark "yes." If your child draws a person with only three parts (head, body, arms, or legs), mark "sometimes." If your child draws a person with two or fewer parts (head, body, arms, or legs), mark "not yet." Be sure to include the sheet of paper with your child's drawing with this questionnaire.	○	○	○	___
3. Draw a line across a piece of paper. Using child-safe scissors, does your child cut the paper in half on a more or less straight line, making the blades go up and down? *(Carefully watch your child's use of scissors for safety reasons.)*	○	○	○	___
4. Using the shapes below to look at, does your child copy the shapes in the space below without tracing? *(Your child's drawings should look similar to the design of the shapes below, but they may be different in size. Mark "yes" if she copies all three shapes; mark "sometimes" if your child copies two shapes.)*	○	○	○	___

(Space for child's shapes)

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FINE MOTOR *(continued)*

	YES	SOMETIMES	NOT YET	
5. Using the letters below to look at, does your child copy the letters without tracing? Cover up all of the letters except the letter being copied. *(Mark "yes" if your child copies four of the letters and you can read them. Mark "sometimes" if your child copies two or three letters and you can read them.)*	○	○	○	___

V H T C A

(Space for child's letters)

6. Print your child's first name. Can your child copy the letters? The letters may be large, backward, or reversed. *(Mark "sometimes" if your child copies about half of the letters.)*	○	○	○	___

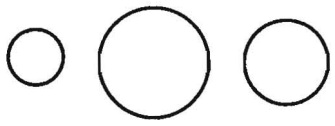
(Space for adult's printing)

(Space for child's printing)

FINE MOTOR TOTAL ___

PROBLEM SOLVING

	YES	SOMETIMES	NOT YET	
1. When asked, "Which circle is smallest?" does your child point to the smallest circle? *(Ask this question without providing help by pointing, gesturing, or looking at the smallest circle.)*	○	○	○	___



2. When shown objects and asked, "What color is this?" does your child name five different colors like red, blue, yellow, orange, black, white, or pink? *(Mark "yes" only if your child answers the question correctly using five colors.)*	○	○	○	___

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PROBLEM SOLVING *(continued)*

	YES	SOMETIMES	NOT YET	
3. Does your child count up to 15 without making mistakes? If so, mark "yes." If your child counts to 12 without making mistakes, mark "sometimes."	○	○	○	___
4. Does your child finish the following sentences using a word that means the opposite of the word that is italicized? For example: "A rock is *hard*, and a pillow is *soft*."	○	○	○	___

Please write your child's responses below:

A cow is *big*, and a mouse is ____

Ice is *cold*, and fire is ____

We see stars at *night*, and we see the sun during the ____

When I throw the ball *up*, it comes ____

(Mark "yes" if he finishes three of four sentences correctly. Mark "sometimes" if he finishes two of four sentences correctly.)

5. Does your child know the names of numbers? *(Mark "yes" if she identifies the three numbers below. Mark "sometimes" if she identifies two numbers.)* **3 1 2**	○	○	○	___
6. Does your child name at least four letters in her name? Point to the letters and ask, "What letter is this?" *(Point to the letters out of order.)*	○	○	○	___

PROBLEM SOLVING TOTAL ___

PERSONAL-SOCIAL

	YES	SOMETIMES	NOT YET	
1. Can your child serve himself, taking food from one container to another, using utensils? For example, does your child use a large spoon to scoop applesauce from a jar into a bowl?	○	○	○	___
2. Does your child wash her hands and face using soap and water and dry off with a towel without help?	○	○	○	___
3. Does your child tell you at least four of the following? Please mark the items your child knows.	○	○	○	___

- ○ a. First name
- ○ b. Age
- ○ c. City he lives in
- ○ d. Last name
- ○ e. Boy or girl
- ○ f. Telephone number

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PERSONAL-SOCIAL *(continued)*

	YES	SOMETIMES	NOT YET	
4. Does your child dress and undress himself, including buttoning medium-size buttons and zipping front zippers?	○	○	○	___
5. Does your child use the toilet by herself? *(She goes to the bathroom, sits on the toilet, wipes, and flushes.)* Mark "yes" even if she does this after you remind her.	○	○	○	___
6. Does your child usually take turns and share with other children?	○	○	○	___

PERSONAL-SOCIAL TOTAL ___

OVERALL

Parents and providers may use the space below for additional comments.

1. Do you think your child hears well? If no, explain: ○ YES ○ NO

2. Do you think your child talks like other children her age? If no, explain: ○ YES ○ NO

3. Can you understand most of what your child says? If no, explain: ○ YES ○ NO

4. Can other people understand most of what your child says? If no, explain: ○ YES ○ NO

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Tuberculosis Questionnaire

Please check the box below that matches your answer:

	Yes	No	Don't Know
1. Has your child ever been tested for TB? If yes, when? _____			
2. Have your ever been told that your child had a positive tuberculin skin or other tuberculosis test? If yes, when? _____			
3. Has your child been around anyone who has had an unexplained prolonged fever, unexplained weight loss, a bad cough (lasting over two weeks), or coughing up blood?			
4. Has your child been around anyone sick with tuberculosis?			
5. Was your child born in another part of the world such as Mexico, Latin America, the Caribbean, Africa, Eastern Europe, or Asia?			
6. Has your child been to Mexico, Latin America, the Caribbean, Africa, Eastern Europe, or Asia for more than three weeks?			
7. Has your child been around anyone who uses needles for illicit drug use, has AIDS or HIV, was recently in jail or prison, is homeless, or has just come to the US from a different country?			