

# PEDIATRIC PROBLEM CHECKLIST

LOS ALAMITOS PEDIATRIC MEDICAL GROUP

There are many reasons for children to have problems at home or at school. By filling this form out it will help us to understand you and your child's problem better. When you see the doctor, they will be able to address these issues with you. Information from the teacher or other relatives will also be helpful in fully evaluating your child.

Child's name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Person(s) completing form \_\_\_\_\_ Relationship \_\_\_\_\_

What have you tried to do to help your child? \_\_\_\_\_

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**Please answer the following questions as regarding your child:**

## Medical or Physical Problems

**No      Yes**

1. Any current health concerns or chronic medical problems? \_\_\_\_\_
2. History of any serious injury/illness? \_\_\_\_\_
3. Any frequent complaints (headache, stomachache)? \_\_\_\_\_
4. Any medications taken regularly? \_\_\_\_\_
5. Concerns about eating, sleeping or growth? \_\_\_\_\_
6. Easily tires, listless? \_\_\_\_\_
7. Restless, fidgety, overactive? Talks excessively? \_\_\_\_\_
8. Bowel or urinary problems-soils themselves or wets? \_\_\_\_\_
9. Concerns over drug, alcohol use? \_\_\_\_\_
10. Concerns over physical or sexual abuse? \_\_\_\_\_
11. Any seizures, staring spells, daydreams? \_\_\_\_\_
12. Tic, nervous twitches? \_\_\_\_\_
13. Clumsy, or poor coordination? \_\_\_\_\_

## Speech or Language Problems

**No      Yes**

1. Doesn't speak clearly, stutters, poor articulation? \_\_\_\_\_
2. Concerns about voice (loud, hoarse, etc.)? \_\_\_\_\_
3. Child has trouble understanding directions, needs repetition? \_\_\_\_\_
4. Poor vocabulary, difficulty expression ideas? \_\_\_\_\_
5. Delay in development of speech? \_\_\_\_\_