## 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_		Date_		
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What have you tried to do to help your child?					
Please answer the following questions as	regard	ling your	child:		
Medical or Physical Problems			No	Yes	
1. Any current health concerns or chronic	medica	l problem	s?	·	
2. History of any serious injury/illness?					
3. Any frequent complaints (headache, stor	machac	he)?			
4. Any medications taken regularly?					
5. Concerns about eating, sleeping or grow	th?				
6. Easily tires, listless?					
7. Restless, fidgety, overactive? Talks exce	essively	7?			
8. Bowel or urinary problems-soils themse	lves or	wets?			
9. Concerns over drug, alcohol use?			***************************************		
10. Concerns over physical or sexual abuse?	?				
11. Any seizures, staring spells, daydreams?	>		<u></u>		
12. Tic, nervous twitches?			<del></del>		
13.Clumsy, or poor coordination?					
Speech or Language Problems			No	Yes	
1. Doesn't speak clearly, stutters, poor arti		n?			
2. Concerns about voice (loud, hoarse, etc.					
3. Child has trouble understanding direction		ds repetit	ion?	<u> </u>	
4. Poor vocabulary, difficulty expression is		x op ou.			
5. Delay in development of speech?					

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No	Yes
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