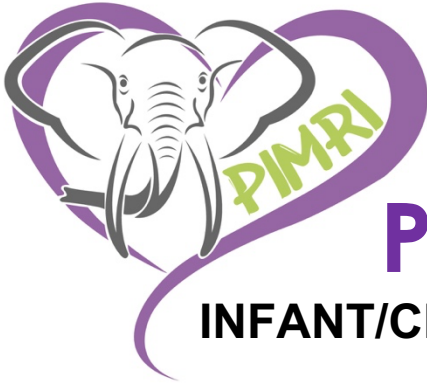


Patient's Name: _____



PIMRI Pediatrics

INFANT/CHILD SUPPLEMENTAL INTAKE FORM

MEDICAL SYMPTOM QUESTIONNAIRE FOR CHILDREN

For Infants and children, ages 6mos-12y

Rate each of the following symptoms based upon your child's health profile for the past 30 days.

POINTS SCALE

0 = Never or almost never has the symptom

3 = Frequently has it, effect is not severe

1 = Occasionally has it, effect is not severe

4 = Frequently has it, effect is severe







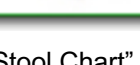
2 = Occasionally has, effect is severe

<p>DIGESTIVE TRACT</p> <p>_____ Nausea</p> <p>_____ Vomiting</p> <p>_____ Diarrhea</p> <p>_____ Constipation</p> <p>_____ Bloating feeling</p> <p>_____ Belching</p> <p>_____ Passing gas (flatulence)</p> <p>_____ Heartburn</p> <p>_____ Tummy ache</p> <p>_____ Poor appetite</p> <p>_____ Refusal to eat</p> <p>_____ Total</p> <p>EARS</p> <p>_____ Reddening of ears</p> <p>_____ Itchy ears</p> <p>_____ Earaches/ear infections</p> <p>_____ Drainage from ears</p> <p>_____ Hearing loss</p> <p>_____ Frequent pulling on ears</p> <p>_____ Total</p> <p>MIND/EMOTIONS</p> <p>_____ Inattentiveness, poor concentration</p> <p>_____ Mood swings</p> <p>_____ Fear</p> <p>_____ Anger</p> <p>_____ Irritability</p> <p>_____ Aggressiveness (hitting, kicking, biting)</p> <p>_____ Crying or weepiness</p> <p>_____ Tantrums</p> <p>_____ Total</p>	<p>HEAD</p> <p>_____ Headaches</p> <p>_____ Difficulty falling asleep</p> <p>_____ Wakes up during the night</p> <p>_____ Total</p> <p>EYES</p> <p>_____ Dark circles under eyes</p> <p>_____ Bags under eyes</p> <p>_____ Swollen eyelids</p> <p>_____ Total</p> <p>NOSE</p> <p>_____ Runny nose</p> <p>_____ Stuffy nose</p> <p>_____ Sneezing</p> <p>_____ Allergic salute (rubs nose often)</p> <p>_____ Total</p> <p>MOUTH/THROAT</p> <p>_____ Swollen or red lips</p> <p>_____ Gagging, frequent clearing of throat</p> <p>_____ Sore throat, hoarseness</p> <p>_____ Swollen, sore, or discolored tongue</p> <p>_____ Swollen or sore gums or lips</p> <p>_____ Canker sores</p> <p>_____ Total</p> <p>LUNGS</p> <p>_____ Coughing</p> <p>_____ Sneezing</p> <p>_____ Difficulty breathing</p> <p>_____ Wheezing</p> <p>_____ Total</p>	<p>ENERGY</p> <p>_____ Fatigue, sluggishness</p> <p>_____ Apathy, lethargy</p> <p>_____ Hyperactivity</p> <p>_____ Restlessness</p> <p>_____ Sleeping problems</p> <p>_____ Total</p> <p>SKIN</p> <p>_____ Easy bruising</p> <p>_____ Hives</p> <p>_____ Rash</p> <p>_____ Dry or flaky skin</p> <p>_____ Flushing</p> <p>_____ Cold hands or feet</p> <p>_____ Eczema</p> <p>_____ Total</p> <p>JOINTS, MUSCLES</p> <p>_____ Coordination problems</p> <p>_____ Pain in muscles, e.g. leg aches</p> <p>_____ Pain in joints, e.g. knees ache</p> <p>_____ Total</p> <p>OTHER</p> <p>_____ Frequent urination</p> <p>_____ Itching of anus or genitals</p> <p>_____ Bed-wetting (after potty trained)</p> <p>_____ Wetting or soiling of clothes (after potty trained)</p> <p>_____ Total</p> <p>GRAND TOTAL _____</p>
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Key to Questionnaire: Add individual scores and total each group. Add each group score and give a grand total. Optimal is less than 10 • Mild Toxicity: 10-50 • Moderate Toxicity: 50-100 • Severe Toxicity: over 100

TYPICAL STOOL

Please indicate the number from the chart below corresponding to your child's typical stool: _____

BRISTOL STOOL CHART			
	Type 1	Separate hard lumps	Very constipated
	Type 2	Lumpy and sausage like	Slightly constipated
	Type 3	A sausage shape with cracks in the surface	Normal
	Type 4	Like a smooth, soft sausage or snake	Normal
	Type 5	Soft blobs with clear-cut edges	Lacking fibre
	Type 6	Mushy consistency with ragged edges	Inflammation
	Type 7	Liquid consistency with no solid pieces	Inflammation



“Bristol Stool Chart” by Cabot Health is licensed under the Creative Commons Attribution-Share Alike 3.0 Unported license: <https://creativecommons.org/licenses/by-sa/3.0/>