LOYOLA UNIVERSITY HEALTH SYSTEM
Loyola University Chicago

Pediatric Urology
FOLLOW-UP VISIT FORM

Name
MR#
D.O.B.:

Primary Care Doctor / Pediatrician:
____

Date: ______________________

List surgeries since last visit to this clinic

Surgery	Date
______________	________
______________	________
______________	________

List new medical problems since last visit
____
____
____

List all medications

Drug	Dose
______________	________
______________	________
______________	________

Medication allergies:
____
____

Up to date on immunizations?
☐ Yes ☐ No

Does your child have any of the following problems? Explain in space to right.

Constitutional Symptoms
Fever ☐ Y ☐ N
Weight changes ☐ Y ☐ N
Feeding/eating problems ☐ Y ☐ N
Headaches ☐ Y ☐ N
Other: ______________________

Eyes
Blurred / Double Vision ☐ Y ☐ N
Pain ☐ Y ☐ N
Other: ______________________

Allergic/Immunologic
Hay Fever ☐ Y ☐ N
Other: ______________________

Neurological
Seizures ☐ Y ☐ N
Weakness ☐ Y ☐ N
Numbness/tingling ☐ Y ☐ N
Other: ______________________

Endocrine
Excessive thirst ☐ Y ☐ N
Too Hot/Cold ☐ Y ☐ N
Tired/Sluggish ☐ Y ☐ N
Other: ______________________

Gastrointestinal
Abdominal Pain ☐ Y ☐ N
Nausea/Vomiting ☐ Y ☐ N
Constipation ☐ Y ☐ N
Other: ______________________

Cardiovascular
Chest Pain ☐ Y ☐ N
Heart Murmur ☐ Y ☐ N
High Blood Pressure ☐ Y ☐ N
Other: ______________________

Integumentary
Skin Rash / Boils ☐ Y ☐ N
Lasting Itch ☐ Y ☐ N
Other: ______________________

Musculoskeletal
Joint Pain ☐ Y ☐ N
Neck Pain / Back Pain ☐ Y ☐ N
Other: ____________________

Ear/Nose/Throat/Mouth
Ear infection ☐ Y ☐ N
Sore Throat ☐ Y ☐ N
Sinus Problems ☐ Y ☐ N
Other: ____________________

Genitourinary
Urine Infection ☐ Y ☐ N
Wetting Accidents ☐ Y ☐ N
Urinary Frequency ☐ Y ☐ N
Other: ____________________

Respiratory
Wheezing ☐ Y ☐ N
Frequent Cough ☐ Y ☐ N
Pneumonia ☐ Y ☐ N
Other: ____________________

Hematologic/Lymphatic
Swollen Glands ☐ Y ☐ N
Blood Clotting Problem ☐ Y ☐ N
Other: ____________________

Psychologic
Personality changes ☐ Y ☐ N
Hyperactivity ☐ Y ☐ N
Difficulty concentrating ☐ Y ☐ N
Memory trouble ☐ Y ☐ N
Other: ____________________

Form # 18413

________________________________, M.D.