

Neurologic: Headaches, seizures, tremors, tics, dizziness, loss of consciousness episodes, loss of memory, developmental delays or concerns

Endocrine: Intolerance to heat or cold, excessive thirst or urination, excessive sweating, salt craving, rapid or slow growth, signs of early or late puberty

Hematologic/lymphatic: Easy bruising or bleeding, anemia, date and result of last blood count, blood transfusions, swollen or painful lymph nodes (cervical, axillary, inguinal)

Allergic/immunologic: Allergic responses, anaphylaxis, eczema, rhinitis, unusual sneezing, autoimmunity, recurrent infections, infections associated with unusual complications

Psychiatric: General affect, anxiety, depression, mood changes, hallucinations, attention span, tantrums, behavior problems, suicidal ideation, substance abuse

Begin the review of a specific system with a broad statement (such as, “How has your child's general health been?” or “Has your child had any problems with his eyes?”). If the parent states that the child has had problems with some body function, pursue this with an encouraging statement, such as “Tell me more about that.” If the parent denies any problems, query for specific symptoms (e.g., “Any headaches, bumping into objects, or squinting?”). If the parent confirms the absence of such symptoms, record positive statements in the history, such as “Mother denies headaches, bumping into objects, and squinting.” In this way, anyone who reviews the health history is aware of exactly what symptoms were investigated.

Nutritional Assessment

Dietary Intake

Knowledge of the child's dietary intake is an essential component of a nutritional assessment. However, it is also one of the most difficult factors to assess. Individuals' recall of food consumption,