



164 North Lee Street, Suite 164 Forsyth, Ga 31029

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Holly Hoenes, MD Pediatric Neurologist

Follow Up Visit

Child's Name: _____ Parents: _____

Concerns today: _____

Any changes in medical problems since the last visit? _____

Current Medications: _____

Do you prefer tablets or liquid medication (if available)? _____

Who lives in the house with your child? _____

What grade is your child in? _____ What school does s/he attend? _____

Does your child have an IEP or 504 plan? _____

Review of Systems: Does your child experience any of the following?

Headaches: yes/no

blurry vision: yes/no

weight loss: yes/no

weight gain: yes/no

Fatigue: yes/no

sleep problems: yes/no

excessive thirst: yes/no

Hearing trouble: yes/no

nose bleeds: yes/no

sinus pain: yes/no

Seizures: yes/no

muscle pain: yes/no

change in vision: yes/no

Attention difficulty: yes/no

learning problems: yes/no

Other complaints not listed:

