

Full Name _____

Date _____

REVIEW OF SYSTEMS

For new patients, established patients who may be having a new problem, or our patients who we have not seen for a while, we need to update our records as to your general medical help. In each area, if you are not having any difficulties, please check "no problems." If you are experiencing any of the symptoms listed, **Please Circle the Ones That Apply**, or explain any that may not be listed. If you have any questions about this, please ask one of the technicians, or your doctor.

Const. (Health in General) No Problems lack of energy, unexplained weight gain or weight loss, loss of appetite, fever, night sweats, pain in jaws when eating, scalp tenderness, prior diagnosis of cancer. Other: _____

Ears, Nose, Mouth, Throat No Problems difficulty with hearing, sinus problems, runny nose, postnasal drip, bringing in years, mouth sores, loose teeth, your pain, nosebleeds, sore throat, facial pain or numbness. Other: _____

C-V (Heart and Blood Vessels) No Problems Irregular Heartbeat, racing heart, chest pains, swelling of feet or legs, pain in legs when walking. Other: _____

Resp. (Lungs & Breathing) No Problems Shortness of Breath, night sweats, prolonged cough, wheezing, sputum production, prior tuberculosis, pleurisy, oxygen at home, coughing up blood, abnormal chest x-ray. Other: _____

G.I. (stomach And Intestines) No Problems Heartburn, constipation, intolerance to certain foods, diarrhea, abdominal pain, difficulty swallowing, nausea, vomiting, blood in stools, unexplained change in bowel habits, incontinence. Other: _____

GU (Kidney & Bladder) No Problems Painful Urination, frequent urination, urgency, prostate problems, bladder problems, impotence. Other: _____

MS (Muscles, Bones, Joints) No Problems joint pain, aching muscles, shoulder pain, swelling of joints, joint deformities, back pain. Other: _____

Integ. (Skin, Hair, Breast) No problems Persistent Rash, itching, new skin lesion, change in existing skin lesion, hair loss or increase, breast changes. Other: _____

Neurologic (Brain and Nerves) No Problems Frequent Headaches, double vision, weakness, change in sensation, problems walking her balance, dizziness, tremor, loss of consciousness, uncontrolled motions, episodes of visual loss. Other: _____

Psychiatric (Mood and Thinking) No Problems Insomnia, irritability, depression, anxiety, recurrent bad thoughts, mood swings, hallucinations, compulsions. Other: _____

Endocrinologic (Glands) No problems Intolerance to heat or cold, menstrual irregularities, frequent hunger/urination/thirst, changes in sex drive. Other: _____

Hematologic (Blood/Lymph) No Problems Easy Bleeding, easy bruising, anemia, abnormal blood tests, leukemia, unexplained swollen areas. Other: _____

Allergic/Immunologic No Problems Seasonal Allergies, hay fever symptoms, itching, frequent infections, exposure to HIV. Other: _____