



Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**REVIEW OF SYSTEMS**

We need to update our records as to your general medical health. 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 nurses or providers.

**Constitutional (Health in General)**  No Problems --- Fatigue, unexplained weight gain or weight loss, fever, chills, night sweats. Other: \_\_\_\_\_

**Allergic/Immunologic**  No Problems --- Seasonal allergies, year-round allergies, frequent infections. Other: \_\_\_\_\_

**Eyes**  No Problems --- Eye pain, redness, itching, irritation, discharge, light sensitive, blurred vision. Other: \_\_\_\_\_

**Ears, Nose, Mouth & Throat**  No Problems --- Ear pain, hearing loss, frequent ear infections, ringing in ears, nasal congestion, runny nose, nose bleeds, post nasal drip, hoarseness, frequent sore throats, snoring. Other: \_\_\_\_\_

**Resp. (Lungs & Breathing)**  No Problems --- Shortness of breath, cough, wheezing, sputum production, problems with exercise. Other: \_\_\_\_\_

**C-V (Heart & Blood Vessels)**  No Problems --- Elevated blood pressure, chest pain, heart palpitations, swelling of feet or legs, dizziness. Other: \_\_\_\_\_

**GI (Stomach & Intestines)**  No Problems --- Abdominal pain, nausea, vomiting, diarrhea, constipation, heartburn, difficulty swallowing, blood in stools, bloating. Other: \_\_\_\_\_

**Integ. (Skin, Hair & Breast)**  No Problems --- Rash, itching, hives, swelling, eczema, hair changes, dry skin. Other: \_\_\_\_\_

**MS (Muscles, Bones, Joints)**  No Problems --- Joint pain/stiffness/swelling, muscle pain/cramps, muscle or joint weakness. Other: \_\_\_\_\_

**Endocrinologic (Glands)**  No Problems --- Intolerance to heat or cold, frequent urination or thirst. Other: \_\_\_\_\_

**Psychiatric (Mood & Thinking)**  No Problems --- Depression, anxiety, mood swings, unusual irritability, poor concentration. Other: \_\_\_\_\_

**GU (Kidney & Bladder)**  No Problems --- Painful urination, frequent urination, urgency. Other: \_\_\_\_\_

**Cancer:**  No Problems --- Prior diagnosis of Cancer: \_\_\_\_\_

**Hematologic (Blood/Lymph)**  No Problems --- Easy bleeding, easy bruising, anemia, abnormal blood tests, unexplained swollen areas, blood clots. Other: \_\_\_\_\_

**Neurologic (Brain & Nerves)**  No Problems --- Headaches, weakness, change in sensation, dizziness, memory loss, seizures, loss of consciousness. Other: \_\_\_\_\_

**Any other unexplained symptoms:** \_\_\_\_\_