**REVIEW OF SYSTEM**

 **Constitutional**

**Yes No**

*  Excessive daytime sleepiness
*  Fatigue
*  Fevers
*  Low energy
*  Trouble getting to sleep
*  Trouble staying asleep
*  Weight gain
*  Weight loss

**Eyes**

**Yes No**

*  Blurred vision
*  Double vision
*  Loss of vision

**Ears, Nose, Mouth, and Throat**

**Yes No**

*  Loss of sense of smell
*  Hearing loss
*  Ringing in your ears

**Cardiovascular and Respiratory**

**Yes No**

*  Chest pain
*  Palpitations
*  Shortness of breath

**Gastrointestinal**

**Yes No**

*  Constipation
*  Diarrhea
*  Heartburn
*  Nausea
*  Vomiting

**Bladder & Sexual Function (Genitourinary)**

**Yes No**

*  Discomfort and burning
*  Loss of bladder control
*  Loss of desire for sex
*  Menopause (women)
*  Trouble with erection (men)
*  Urgency to urinate

**Skin**

**Yes No**

*  Change in hair or nails
*  Change in skin color
*  Itching

**Neurological**

**Yes No**

*  Confusion
*  Falling down
*  Headaches
*  Incoordination
*  Involuntary movements or jerking
*  Lightheaded or dizzy
*  Loss of consciousness/fainting/passing
*  Numbness
*  Seizure or convulsion
*  Spinning or vertigo
*  Tingling
*  Tremor
*  Trouble speaking
*  Trouble walking
*  Weakness
*  Trouble swallowing

**Musculoskeletal**

**Yes No**

*  Back pain
*  Joint pain or swelling
*  Muscle pain or cramps
*  Neck pain

**Endocrine**

**Yes No**

*  Heat or cold intolerance
*  Increased thirst
*  Loss of hair

**Memory, Thinking, Mood, Psychiatric**

**Yes No**

*  Anxiety
*  Depressed mood
*  Hallucinations (seeing or hearing things)
*  Memory loss

**Hematologic (blood) and lymphatic**

**Yes No**

*  Anemia
*  Easy bruising or bleeding
*  Slow to heal after cuts

**Allergic and Immune**

**Yes No**

*  Allergic reaction to medicine or x-ray dye