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|  | **REVIEW OF SYSTEM** | | | | | | | | | | | | | | | |  | | |  |
|  |  |  |  |  | | |  | |  | | | | | | | | | | | | | | |
| **Name:** |  |  |  |  | | |  | |  | **DOB:** | | |  | | | **MR#:** | | | | | | | |
|  |  |  |  |  | | |  | |  |  |  | | | | |  | |  |  | |  |  | | |  |
| Dear Patient: | | If you had **recently** or **now** had any of the following symptoms or problems, mark an X in the first box; if | | | | | | | | | | | | | | | | | | | | | |
|  |  | not, leave it blank. **Use only the boxes in the first column** unless the first column has already been used | | | | | | | | | | | | | | | | | | | | | |
| **Date:** | | |  |  | | |  | |  |  |  | |  | | |  | |  |  | |  |  | | |  |
| **Head & Neck:** | | Headaches | **Muscles/Bones:** | | | | | Back pain | | | | | | | | | | | | |
| Lumps or swelling | Joint swelling | | | | | | | | | | | | |
| **Eyes:** | | Double vision | Muscle aches | | | | | | | | | | | | |
| Decline in vision | **Neuro:** | | | | | Numbness | | | | | | | | | | | | |
| Eyes water or itch | Frequent dizziness | | | | | | | | | | | | |
| **Ears:** | | Ear ache | Fainting | | | | | | | | | | | | |
| Noise in ears | Convulsions | | | | | | | | | | | | |
| Trouble hearing | **Urinary:** | | | | | Pain with urine | | | | | | | | | | | | |
| **Mouth:** | | Taste changes | Frequent urination when awake | | | | | | | | | | | | |
| Sore tongue | Frequent urination when asleep | | | | | | | | | | | | |
| Sore or swollen glands | Hard to stop urine | | | | | | | | | | | | |
| **Nose/Throat:** | | Sneezing | Lose control | | | | | | | | | | | | |
| Frequent colds | Brown or bloody urine | | | | | | | | | | | | |
| Nose bleeds | Problem with sex | | | | | | | | | | | | |
| Frequent sore throats | Unusual discharge | | | | | | | | | | | | |
| **Lungs:** | | Wheezing | **Males Only:** | | | | | Weak flow | | | | | | | | | | | | |
| Coughing | Prostrate trouble | | | | | | | | | | | | |
| Cough up mucous | Lumps in testicles | | | | | | | | | | | | |
| Cough up blood | **Females Only:** | | | | | Irregular periods | | | | | | | | | | | | |
| Heavy periods | | | | | | | | | | | | |
| Short of breath |  | | | | | Breast lump | | | | | | | | | | | | |
| **Circulation:** | | Chest pains |  | | | | |  | | | | | |
| Chest tightness | **General:** | | | | | Depressed often | | | | | | | | | | | | |
| Racing heart |  | |  |  | | Can=t relaxes | | | | | |  |  | | | | | |
| Leg cramps |  | |  |  | | Cry a lot | | | | | |  |  | | | | | |
| Ankles or feet swell |  | |  |  | | Difficult to concentrate | | | | | |  |  | | | | | |
| High blood pressure |  | |  |  | | Things look hopeless | | | | | |  |  | | | | | |
| Hot flashes |  | |  |  | | Easily irritated | | | | | |  |  | | | | | |
| **Digestive:** | | Nausea |  | |  |  | | Serious family problems | | | | | |  |  | | | | | |
| Stomach pains |  | |  |  | | Serious work problems | | | | | |  |  | | | | | |
| Heart burn |  | |  |  | | Considered suicide | | | | | |  |  | | | | | |
| Hard to swallow |  | |  |  | | Unusual tiredness | | | | | |  |  | | | | | |
| Vomited blood |  | |  |  | | Trouble sleeping | | | | | |  |  | | | | | |
| Diarrhea |  | |  |  | | Recent weight loss | | | | | |  |  | | | | | |
| Constipation |  | |  |  | | Loss of appetite | | | | | |  |  | | | | | |
| Pain with stools |  | |  |  | | Smoke tobacco | | | | | |  |  | | | | | |
| Grey or black stools |  | |  |  | | 2 or more alcoholic drinks a day | | | | | |  |  | | | | | |
| Blood in stools |  | |  |  | | Illicit drugs | | | | | |  |  | | | | | |
| Change in bowel habits |  | |  |  | | Over 5 cups of coffee a day | | | | | |  |  | | | | | |
| **Skin:** | | Dry, Itchy |  | |  |  | | Herbal Supplements | | | | | |  |  | | | | | |
| Rashes |  | |  |  | |  | | | |  | |  |  | | | | | |
| Bruise Easily | Patient to initial column that matches date of | | | | | | | | | | |  |  | | | | | |
|  | |  |  |  | | |  | |  |  |  | |  | | |  | |  |  | |  |  | | |  |