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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 |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |