

REVIEW OF SYSTEMS: YOUR NAME _____

Please only check if you have the symptom currently.

Constitutional:

- fever
- daytime sleepiness
- weight loss
- weight gain

Eyes:

- double/blurred vision
- itchy eyes.

Ears, Nose,

Mouth, Throat:

- hearing loss
- ringing ear(s)
- sneezing
- ear infections
- nose bleeds
- nose stuffy
- itchy nose
- sore throats
- hoarseness

Cardiovascular:

- chest pain
- swollen ankles
- irregular pulse

Respiratory:

- wheezing
- chronic cough
- short breath on exertion
- snoring

Gastrointestinal:

- difficulty swallowing
- heartburn/indigestion
- jaundice(yellow eyes).

Genitourinary:

- blood in urine

Musculoskeletal:

- muscle weakness
- numbness/tingling sensations

Skin/Breast:

- rashes
- hives
- psoriasis
- eczema
- breast lump

Neurologic:

- seizures
- stroke

- tremor/hand shaking
- headaches
- difficulty sleeping
- off balanced
- memory loss
- difficulty speaking

Psychiatric:

- depression

Endocrine:

- excessive thirst
- excessive hunger
- always cold
- always warm

Hematologic/Lymph:

- easy bruising
- prolonged bleeding
- lumps in neck

Allergic/Immunologic:

- problems with anesthesia.

PAST MEDICAL HISTORY

Are you allergic to any medicines? no yes, I am allergic to:

Check if **you** have any of these problems:

- Hepatitis
- High blood pressure

Asthma

Diabetes

Heart disease

High cholesterol

HIV or AIDS

Please list any other medical problems:

Please list any past surgeries:

FAMILY HISTORY Check if the following problems are seen in your **family**:

- Asthma
- Diabetes
- Hearing Loss
- Heart Disease
- High blood pressure
- High cholesterol
- Cancer (what kind?)

Please note your parents health status: Father: Alive Deceased Mother: Alive Deceased.

If deceased, of what did your father die?

If deceased, of what did your mother die?

SOCIAL HISTORY What is your occupation?

Have you smoked cigarettes? yes no. How many years?

Are you smoking now? yes no How many packs per day?

Do you drink alcohol? yes no. How many beers or single drinks per week?

Physician:

Date Reviewed: