



**SYSTEM REVIEW** (Check "N" OR "Y" for EACH question) NAME: \_\_\_\_\_

N	Y	CONSTITUTIONAL
		Chills
		Fatigue
		Fever
		Malaise (gen discomfort)
		Night Sweats
		Weight Gain
		Weight Loss
		Sleep Pattern Changes
		Unexplained Falls

Other:

N	Y	CARDIOVASCULAR
		Chest Pain
		Claudication (leg cramp/pain with walking)
		Edema
		Palpitations (abnormal beats)
		High Blood Pressure
		Low Blood Pressure
		Rapid Heart Rate
		Irregular Rhythm
		Conges Heart Failure
		Mitral Valve Prolapse
		Swelling of Legs
		Varicose Veins

Other:

N	Y	REPRODUCTIVE
		Erectile Dysfunction
		Penile Discharge
		Sexual Dysfunction
		Discharge frm Breast
		Breast/Chest Mass
		Breast/Chest Tender
		Irregular Menses
		Painful/Excessive Menses
		Menopause

Other:

N	Y	PSYCHIATRIC
		Anxiety
		Depression
		Insomnia
		Nervousness
		Claustrophobic
		Paranoia
		Disinterest in Daily Activities
		Personality Change

Other:

N	Y	HEMATOLOGIC/ LYMPHATIC
		Easy Bleeding
		Easy Bruising
		Lymphadenopathy (swollen lymph nodes)
		Anemia
		Leukemia

Other:

N	Y	HEENT
		Ear Drainage
		Ear Pain
		Eye Discharge
		Eye Pain
		Hearing Loss
		Nasal Drainage
		Sinus Pressure
		Sore Throat
		Visual Changes
		Double Vision
		Glaucoma
		Cataracts
		Abn Smell Function
		Stuffy Ears
		Ringing in Ears
		Frequent Nose Bleeds

Other:

N	Y	GASTRO- INTESTINAL
		Abdominal Pain
		Blood in Stools
		Change in Stools
		Constipation
		Diarrhea
		Heartburn
		Loss of Appetite
		Nausea
		Vomiting
		Vomiting Blood
		Cramping
		Bloating

Other:

N	Y	METABOLIC/ ENDOCRINE
		Brittle Hair
		Brittle Nails
		Cold Intolerance
		Hair Changes
		Heat Intolerance
		Hirsutism (excess hair growth)
		Polydipsia (excessive thirst)
		Polyphagia (excessive eating)
		Diabetes
		Hypoglycemia
		Thyroid Disease

Other:

N	Y	INTEGUMENTARY
		Contact Allergy
		Hives
		Itching
		Mole Changes
		Rash
		Skin Lesion

Other:

N	Y	MUSCULO- SKELETAL
		Back Pain
		Joint Pain
		Joint Swelling
		Muscle Weakness
		Neck Pain
		Atrophy
		Osteoarthritis
		Osteoporosis
		Scoliosis
		Fracture
		Crepitus (popping/cracking)

Other:

N	Y	NEUROLOGICAL
		Dizziness
		Extremity Numbness
		Extremity Weakness
		Gait Disturbance
		Headache
		Memory Loss
		Seizures
		Tremors
		Parkinson's Disease
		Dyskenisia
		Stroke
		Multiple Sclerosis

Other:

N	Y	RESPIRATORY
		Chronic Cough
		Cough
		Known TB Exposure
		Shortness of Breath
		Wheezing
		Asthma
		Emphysema
		Bloody Coughing
		Sputum

Other:

N	Y	GENITOURINARY
		Dribbling
		Dysuria
		Hematuria
		Polyuria (Excessive Output)
		Slow Stream
		Urinary Frequency
		Urinary Incontinence
		Urinary Retention
		Nocturia (awaken to urinate)

Other:

N	Y	IMMUNOLOGIC
		Environmental Allerg
		Food Allergy
		Seasonal Allergy
		Sneezing
		Itchy/Teary Eyes
		Scleroderma
		Lupus
		Rheumatologic Dis.
		MRSA

Other:

OFFICE USE ONLY:	
<b>A S</b>	Date/Initials
<b>UPDATED:</b>	
Pt Initials:	
Phys Initials:	
<b>A S</b>	Date/Initials
<b>UPDATED:</b>	
Pt Initials:	
Phys Initials:	
<b>A S</b>	Date/Initials

The above information is complete and accurate as stated to the best of my knowledge:

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The above information has been discussed with patient and/or representative:

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_