

**Review of Systems: Please indicate any personal history below:**

• **CONSTITUTIONAL SYMPTOMS**

Good general health lately..... No Yes  
Recent weight change..... No Yes  
Fever..... No Yes  
Fatigue..... No Yes  
Headaches..... No Yes

• **EYES**

Eye disease or injury..... No Yes  
Wear glasses/contact lenses..... No Yes  
Blurred or double vision..... No Yes  
Glaucoma..... No Yes

• **EARS/NOSE /MOUTH/THROAT**

Hearing loss or ringing..... No Yes  
Earaches or drainage..... No Yes  
Chronic sinus problem or rhinitis..... No Yes  
Nose bleeds..... No Yes  
Mouth sores..... No Yes  
Bleeding gums..... No Yes  
Bad breath or bad taste..... No Yes  
Sore throat or voice change..... No Yes  
Swollen glands in neck..... No Yes

• **CARDIOVASCULAR**

Heart trouble..... No Yes  
Chest pain or angina pectoris..... No Yes  
Palpitation..... No Yes  
Shortness of breath with walking or lying flat. No Yes  
Swelling of feet, ankles or hands..... No Yes

• **RESPIRATORY**

Chronic or frequent coughs..... No Yes  
Spitting up blood..... No Yes  
Shortness of breath..... No Yes  
Asthma or Wheezing..... No Yes

• **GASTROINTESTINAL**

Loss of appetite..... No Yes  
Change in bowel movements..... No Yes  
Nausea or vomiting..... No Yes  
Frequent diarrhea..... No Yes  
Painful bowel movements or constipation..... No Yes  
Rectal bleeding or blood in stool..... No Yes  
Abdominal pain..... No Yes  
Peptic ulcer (stomach or duodenal)..... No Yes

• **GENITOURINARY**

Frequent urination..... No Yes  
Burning or painful urination..... No Yes  
Blood in urine..... No Yes  
Change in force of strain when urinating..... No Yes  
Incontinence or dribbling..... No Yes  
Kidney stones..... No Yes  
Sexual difficulty..... No Yes  
Male - testicle pain..... No Yes  
Female - pain with periods..... No Yes  
Female - irregular periods..... No Yes  
Female - vaginal discharge..... No Yes  
Female - # of pregnancies..... \_\_\_\_\_  
Female - # of miscarriages:..... \_\_\_\_\_

• **MUSCULOSKELETAL**

Joint Pain..... No Yes  
Joint stiffness or swelling..... No Yes  
Weakness of muscles or joints..... No Yes  
Muscle Pain or cramps..... No Yes  
Back Pain..... No Yes  
Cold extremities..... No Yes  
Difficulty in walking..... No Yes

• **INTEGUMENTARY (skin, breast)**

Rash or itching..... No Yes  
Change in skin color..... No Yes  
Change in hair or nails..... No Yes  
Varicose Veins..... No Yes  
Breast pain..... No Yes  
Breast Lump..... No Yes  
Breast discharge..... No Yes

• **NEUROLOGICAL**

Frequent or recurring headaches..... No Yes  
Light headed or dizzy..... No Yes  
Convulsions or seizures..... No Yes  
Numbness or tingling sensations..... No Yes  
Tremors..... No Yes  
Paralysis..... No Yes  
Stroke..... No Yes  
Head injury..... No Yes

• **PSYCHIATRIC**

Memory loss or confusion..... No Yes  
Nervousness..... No Yes  
Depression..... No Yes  
Insomnia..... No Yes

• **ENDOCRINE**

Glandular or hormone problem..... No Yes  
Thyroid disease..... No Yes  
Diabetes (*insulin or non insulin - circle one*)..... No Yes  
Excessive thirst or urination..... No Yes  
Heat or cold intolerance..... No Yes  
Skin becoming dryer..... No Yes  
Change in hat or glove size..... No Yes

• **HEMATOLOGIC/LYMPHATIC**

Slow to heal after cuts..... No Yes  
Bleeding or bruising tendency..... No Yes  
Anemia..... No Yes  
Phlebitis..... No Yes  
Past transfusion..... No Yes  
Enlarged glands..... No Yes

• **ALLERGIC/IMMUNOLOGIC**

History of skin reaction or other adverse reaction to:  
Penicillin or other antibiotics..... No Yes  
Morphine, Demerol, or other narcotics..... No Yes  
Novocain or other anesthetics..... No Yes  
Aspirin or other pain remedies..... No Yes  
Tetanus antitoxin or other serums..... No Yes  
Iodine, methiolate or other antiseptic..... No Yes  
Other drugs/medications: \_\_\_\_\_  
Known food allergies: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

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