REVIEW OF SYSTEMS- Below is a list of symptoms that may seem unrelated to the purpose of your appointment. However, these questions must be answered carefully as the problems may affect your overall course of care, as well as be signs of less then optimal function.

Check either I D	ENY having/had	OR	Circle P for PAST	OR Circle N for NOW
CONSTITU		PN		
☐ I DENY having or hav			Blood clot in artery or vein "Black out spells"	SKIN I DENY having or having had any of
symptoms or probler	ns listed below.	PN	Aneurysm of any blood vessel	the symptoms or problems listed below.
P N chills		PN	Swelling of legs	P N Rashes, psoriasis or dermatitis
P N daytime drowsin	iess	PN	Heart surgery	P N History of skin cancer
PN fatigue PN fever		PN	Heart palpitations	P N New skin growth or mole
PN fever PN night sweats		_	STOMACH / INTESTINES	NERVOUS SYSTEM
PN weight gain			I DENY having or having had any of	☐ I DENY having or having had any of the
P N weight loss			symptoms or problems listed below. Ulcer	symptoms or problems listed below. P N Headache
EYE			Frequent heartburn or indigestion	P N Epilepsy or seizures
☐ I DENY having or hav		PN	Hiatal hernia and or acid reflux	P N Date of last seizure:
symptoms or problems	listed below.		Poor appetite	P N Depression
P N Wear glasses or P N blindness	contact lenses	PN	Gall bladder attacks	P N Other nervous disorder
P N Cataracts			Frequent diarrhea	Specify:
P N Glaucoma			Chronic constipation	PSYCHOLOGIC
EARS / NOSE	/ THROAT		Bright blood bowels or rectum Abnormal stool	 I DENY having or having had any of the symptoms or problems listed
☐ I DENY having or hav	ing had any of the		Liver disease or jaundice	below.
symptoms or problems	listed below.		ENDOCRINE / METABOLISM	P N anxiety
P N Difficulty/Loss of	hearing		I DENY having or having had any of	P N loss or change in appetite
P N Ringing in the ear P N Frequent ear ac	ars (tinnitus)	the	symptoms or problems listed below.	P N behavioral change
P N Discharge from t		PN	Thyroid disorder	P N bi-polar disorder
P N Attacks of vertige	n ear	PN	Unusual hair loss or growth	P N confusion
P N Sinus trouble	TO (goiter Diabetes	P N convulsions P N depression
P N Nasal blockage		1 14	KIDNEYS / URINARY TRACT	P N depression P N insomnia
P N Frequent sneezi	ng		I DENY having or having had any of	P N memory loss
P N Frequent sore th	roat	the	symptoms or problems listed below.	P N mood change
P N Snoring P N Recent change i		PN	Kidney disease or failure	BLOOD
P N Recent change i P N Sleep apnea	n voice quality	PN	History of kidney dialysis	I DENY having or having had any of
P N Difficulty in swall	owina	PN	Kidney stones or infection Pain or burning with urination	the symptoms or problems listed below.
P N Nose bleeds	·····9	PN	Trouble starting urinary stream	P N Bleeding or bruising tendency P N Previous blood transfusion
RESPIRA		PN	Dribbling or incontinence	P N History of hepatitis
☐ I DENY having or havi		PN	Frequent Night Urination	MEN ONLY
P N Asthma or whee:	listed below.	PN	Bladder infections during past year	I DENY having or having had any of
P N Recent bronchitis	zing s or cheet cold	PN	Blood in urine during past year	the symptoms or problems listed below.
P N Cough	s or chest cold	_	MUSCLES / BONES / JOINTS	P N Testicular swelling P N Prostate Problems
P N Coughing up blo	od		I DENY having or having had any of symptoms or problems listed below.	P N Prostate Problems P N Frequent urination
P N Shortness of bre		PN	Arthritis or other joint disease	r request distallor
HEART & CIRC		PN	Chronic back trouble	WOMEN ONLY
☐ I DENY having or having had any of the symptoms or problems listed below.		PN	Bone or joint surgery in past year	☐ I DENY having or having had any of
P N Heart attack	listed below.		ALLERGY	the symptoms or problems listed below. P N Painful periods
P N High blood press	ure	O the	I DENY having or having had any of symptoms or problems listed below.	P N Excessive Flow
P N Heart murmur			anaphylaxis	P N Irregular cycles
P N Chest discomfort	(angina)	PN	food intolerance	P N Vaginal Burning
P N Heart failure or fl		PN	itching	P N Hot Flash
P N Palpitations, raci	ng or pounding		nasal congestion	Are you pregnant? Yes No
P N Shortness of brea P N Stroke / mini stro	ath w/activity	PN		
i is Shoke / mini stro			sneezing	
			edical and Family Histo	
Surgical History: (NOI	NE)			
Hospitalization Histor	v: (NONE)			
All(C-4	y. (14014L)			
Allergy History: (NON	E)			
Please circle the follow Diabetes Car	wing diseases if your fa	amily men	nbers (blood relatives) have exper	
				earing Loss Stroke Bleeding Disorder
HEIGHT	WEIGHT	BLO	OD PRESSURE	PULSE N/A MINOR
Please sign below after you have completed this form to the best of your ability and knowledge.				
Signature:		100 mm 2 200000	Date:	
Print Name:				