

**Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Review of Systems:** Do you experience any of the following?

**Constitutional:**

- Fever
- Chills
- Weight loss
- Weight gain

Other: \_\_\_\_\_

**Eyes:**

- Glaucoma
- Double vision
- Blurred vision

Other: \_\_\_\_\_

**Ear/Nose/Throat:**

- Sore throats
- Sinus problems
- Difficulty hearing

Other: \_\_\_\_\_

**Genitourinary:**

- Burning on urination
- Unusual urgency to urinate
- Difficulty getting urine started
- Urinary tract infection
- Urinary Incontinence
- Blood in urine

**Musculoskeletal**

- Bone pain
- Joint swelling
- Joint stiffness
- Joint pain

Other: \_\_\_\_\_

**Neurological:**

- Seizures
- Dizziness

Other: \_\_\_\_\_

**Endocrine:**

- Tired or sluggish
- Excessive thirst
- Too hot or cold

Other: \_\_\_\_\_

**Cardiovascular:**

- High blood pressure
- Chest pain
- Swelling of legs or ankles

**Respiratory:**

- Wheezing
- Shortness of breath
- Cough

**Gastrointestinal:**

- Diarrhea
- Abdominal pain
- Nausea/vomiting
- Heartburn/indigestion
- Constipation

Other: \_\_\_\_\_

**Skin:**

- Rash
- Hives
- Skin cancer
- Other: \_\_\_\_\_

**Psychologic:**

- Depression
- Trouble sleeping
- Anxiety

Other: \_\_\_\_\_

**Allergic/Immunologic:**

- Food allergies
- Latex allergy
- CT/IVP/MRI Dye

**Hematologic/Lymphatic:**

- Taking blood thinners
- Blood clotting
- Easy bruising
- Swollen glands

Other: \_\_\_\_\_