

REVIEW OF SYSTEMS

Circle any problems, illnesses or injuries that you have had

- General:** malaise, fever, night sweats, chills, weight gain or loss
- Eyes:** loss of vision, double vision, cataracts
- Ears:** hearing loss, ringing in your ears, dizziness
- Nose:** sinus infections, frequent bloody nose
- Throat:** frequent sore throat, strictures, hoarseness
- Heart:** chest pain, irregular heart beat, heart attacks, swelling of the legs/feet
- Lung:** difficulty of breathing, shortness of breath, pneumonia, bronchitis, asthma, coughing up blood, tuberculosis
- Gastrointestinal:** heartburn, stomach pain, blood in bowel movements, vomiting blood, ulcers, inability to control bowel movements
- Genitourinary:** blood in the urine, burning when urinating, sexually transmitted diseases, discharge, inability to control urination
- Gynecologic:** female problems, uterus removed, ovaries removed, currently taking birth control pills or estrogen, heavy or irregular mense, pain on intercourse, pain during menstrual cycle
- Back:** ruptured disc, car accidents, chronic pain, fractures, strains
- Neck:** ruptured disc, car accidents, chronic pain, fractures, strains
- Musculoskeletal:** muscle or bone diseases, broken bones, dislocations, osteoporosis, joint instability, chronic pain of an extremity
- Neurologic:** loss of sensation, abnormal sensation, tingling, numbness, loss of motor function, decreased strength
- Skin:** skin color changes, loss of pigmentation, abnormal moles, bleeding from moles, moles or dark spots increasing in size
- Psychiatric:** nervous breakdowns, seeing or hearing things that aren't there, depression, abnormal behavior, taking medication for a psychiatric condition

Patient Signature _____ Date: _____