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Review of Systems

For new patients, established patients who may be having new problems, or patients we have not seen in a while, we need to update your overall medical health. In each area, if you are not having any difficulties please circle No problems. If you are experiencing any of the symptoms listed, please circle the ones that apply, or you may write in ones that may not be listed. If you have any questions, please ask one of our staff.

Cardiovascular Chest pain Irregular heartbeat Shortness of breath _____ No problems	**Ears/Nose/Throat** Dizziness Hearing loss Hoarseness Ringing in ears Sore throat _____ No problems	**Musculoskeletal** Back pain Joint pain Muscle aches Stiffness Swelling _____ No problems	**Respiratory** Cough Trouble breathing Wheezing _____ No problems
Constitutional Fatigue Fever Night sweats Weakness Weight loss _____ No problems	**Hematologic** Bleeding Bruising Tender nodes _____ No problems	**Neurologic** Balance problems Headache Numbness Tingling _____ No problems	**Skin** Hair loss Rash Skin lesions _____ No problems
Genitourinary Genital discharge Genital lesions Painful urination Urgency _____ No problems	**Metabolic** Cold intolerance Excess hunger Excessive thirst Frequent urination Heat intolerance _____ No problems	**Psychiatric** Anxiety Depression Insomnia Irritability Nervousness _____ No problems	**Allergy** Itching Hives Runny nose Seasonal allergies _____ No problems
Blood Pressure Control Good Borderline Poor Unknown Not applicable	**Diabetes Control** Good Borderline Poor Unknown Not applicable		