**Your Name:** ______________________________________________________________ **Date:**_____________

# Review of Systems

**GENERAL**
☐ None
☐ Numbness ☐ Dizziness ☐ Fainting ☐ Fever ☐ Forgetfulness ☐ Headache
☐ Loss of sleep ☐ Loss of weight ☐ Nervousness ☐ Chills ☐ Sweats ☐ Depression

**MUSCLE/JOINT/BONE. Pain, weakness, numbness in:** ☐ None
☐ Arms ☐ Back ☐ Feet ☐ Hands ☐ Hips ☐ Legs ☐ Neck ☐ Shoulders

**GENITO-URINARY**
☐ None
☐ Blood in urine ☐ Frequent urination ☐ Lack of bladder control ☐ Painful urination

**GASTROINTESTINAL**
☐ None
☐ Appetite poor ☐ Bloating ☐ Bowel changes ☐ Constipation ☐ Diarrhea ☐ Excessive hunger
☐ Excessive thirst ☐ Gas ☐ Hemorrhoids ☐ Indigestion ☐ Nausea ☐ Rectal bleeding
☐ Stomach pain ☐ Vomiting ☐ Vomiting blood ☐ Loss of bowel control

**CARDIOVASCULAR**
☐ None
☐ Chest pain ☐ High blood pressure ☐ Irregular heart beat ☐ Low blood pressure ☐ Poor circulation
☐Rapid heart beat ☐ Swelling of ankles ☐ Varicose veins

**EYE, EAR, NOSE, THROAT**
☐ None
☐ Bleeding gums ☐ Blurred vision ☐ Sinus problems ☐ Difficulty swallowing ☐ Double vision
☐ Earache ☐ Ear discharge ☐ Hay fever ☐ Persistent cough ☐ Vision-Halos
☐ Hoarseness ☐ Loss of hearing ☐ Nosebleeds ☐ Ringing in ears

**SKIN**
☐ None
☐ Bruise easily ☐ Hives ☐ Itching ☐ Change in moles ☐ Rash ☐ Scars ☐ Sore that won't heal

**MEN only**
☐ None
☐ Breast lump ☐ Erection difficulties ☐ Lump in testicles ☐ Urinary difficulties

**WOMEN only**
☐ None
☐ Abnormal Pap Smear ☐ Bleeding between periods ☐ Breast lump
☐ Extreme menstrual pain ☐ Hot flashes ☐ Nipple discharge
☐ Painful intercourse ☐ Vaginal discharge

Date of last menstrual period ____________ Have you had a mammogram?___________
Date of last Pap Smear _______________
Are you pregnant? ________________ Number of children ________________

**CONDITIONS**

☐ AIDS ☐ Alcoholism ☐ Anemia ☐ Anorexia
☐ Appendicitis ☐ Arthritis ☐ Asthma ☐ Bleeding Disorders
☐ Breast Lump ☐ Bronchitis ☐ Bulimia ☐ Cancer
☐ Cataracts ☐ Chemical Dependant ☐ Chicken Pox ☐ Diabetes
☐ Emphysema ☐ Epilepsy ☐ Glaucoma ☐ Goiter
☐ Gonorrhea ☐ Gout ☐ Heart Disease ☐ Hepatitis
☐ Hernia ☐ Herpes ☐ High Cholesterol ☐ HIV Positive
☐ Kidney Disease ☐ Liver Disease ☐ Measles ☐ Migraine Headaches
☐ Miscarriage ☐ Mononeucleosis ☐ Multiple Sclerosis ☐ Mumps
☐ Pacemaker ☐ Pneumonia ☐ Polio ☐ Prostate Problem
☐ Psychiatric Care ☐ Rheumatic fever ☐ Scarlet Fever ☐ Stroke
☐ Suicide Attempt ☐ Thyroid Problems ☐ Tonsillitis ☐ Tuberculosis
☐ Typhoid Fever ☐ Ulcers ☐ Vaginal Infections ☐ Venereal Disease

| **MEDICATIONS** list medications you are currently taking | **ALLERGIES** To medications or substance |
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***Please understand that we're unable to help you with all of the above listed problems. It is very important that you seek medical attention with your family doctor or a County Clinic concerning the above problems as soon as possible.***