

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

**Returning patients** please list any changes in medical history or medications:

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**REVIEW OF SYSTEMS: Please circle problems in each body system.**

**Constitutional:** fever/ weight gain/ weight loss/ appetite change/ night sweats/ fatigue/ chills

**Skin:** rash/ lumps/ itching/ dryness/ color changes/ hair changes/ nail changes

**Eyes:** blurry/ double vision/ vision loss/ tearing/ redness/ pain/ sensitivity to light/ glaucoma

**Ears, Nose, Mouth, Throat:** hearing loss/ ringing in ears/ ear pain/ nasal congestion/ nasal drainage/ nosebleeds/ mouth-throat irritation/ tooth problem

**Cardiovascular:** chest pain or pressure/ heart racing/ palpitations/ sweating/ leg swelling/  
high blood pressure/ low blood pressure

**Pulmonary:** cough yellow or green sputum/ blood in sputum/ shortness of breath/ wheezing

**Gastrointestinal:** nausea/ vomiting/ diarrhea/ constipation/ pain/ blood in stool/ blood in vomitus/ heartburn/ difficulty swallowing

**Genitourinary:** incontinence/ abnormal bleeding/ abnormal discharge/ urinary frequency/  
urinary hesitancy/ pain with urination/ impotence/ sexual problem/ infection/ urinary retention

**Musculoskeletal:** pain stiffness/ joint redness or warmth/ arthritis/ back pain/ weakness/  
muscle wasting/ sprain/ fracture

**Neuro:** headache/ weakness/ dizziness/ change in vision/ change in hearing/ loss of sensation/  
trouble walking/ balance problem/ coordination problem/ shaking/ speech problem

**Endocrine:** cold or heat intolerance/ blood sugar problem/ weight gain/ weight loss/ missed periods/

hot flashes-sweats/ change in body hair/ change in libido/ increased thirst/ increased urination

**Heme/Lymph:** swelling/ bleeding problem/ anemia/ bruising/ enlarged lymph node

**Allergic/Immunologic:** itching/ post-nasal drip/ watery or itchy eyes/ nasal drainage/  
immunosuppression