

**SYSTEMS REVIEW**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please check those that apply to you:**

**GENERAL**

- Fever
- Chills
- Sweats
- Anorexia
- Fatigue
- Malaise
- Weight Loss

**EYES**

- Blurring
- Double vision
- Irritation
- Discharge
- Vision loss
- Eye pain
- Pain with bright light

**EARS/NOSE/THROAT**

- Ear pain or discharge
- Ringing in the ear
- Decreased hearing
- Nasal obstruction or discharge
- Nosebleeds
- Sore throat
- Hoarseness
- Dysphagia (difficulty swallowing)

**CARDIOVASCULAR**

- Chest pains
- Skipping or fast heartbeat
- Fainting (syncope)
- Shortness of breath(dyspnea) on exertion
- Shortness of breath(dyspnea) when lying down
- Awakening from sleep with shortness of breath
- Swelling of feet

**RESPIRATORY**

- Cough
- Shortness of breath
- Excessive Sputum
- Coughing up blood
- Wheezing

**GENITOURINARY**

- Vaginal discharge or sores
- Incontinence
- Painful Urination
- Blood in Urine
- Urinary frequency
- Amenorrhea
- Menorrhagia
- Abnormal vaginal bleeding
- Pelvic pain
- Pain with sexual intercourse

**MUSCULOSKELETAL**

- Back pain
- Joint pain
- Joint swelling
- Muscle cramps
- Muscle weakness
- Stiffness
- Arthritis

**SKIN**

- Rash
- Itching
- Dryness
- Suspicious lesions

**NEUROLOGIC**

- Transient paralysis
- Weakness
- Tingling in extremities
- Seizures
- Fainting
- Tremors
- Room Spinning

**PSYCHIATRIC**

- Depression
- Anxiety
- Memory loss
- Mental disturbance
- Suicidal Ideation
- Hallucinations
- Paranoia

**ENDOCRINE**

- Cold intolerance

- Heat intolerance
- Excessive need to drink fluids
- Excessive need to eat
- Excessive urination
- Weight change

**HEME/LYMPHATIC**

- Abnormal bruising
- Bleeding
- Enlarged lymph nodes

**ALLERGIC/IMMUNOLOGIC**

- Hives
- Hay fever
- Persistent infections
- HIV exposure

**HABITS**

Caffeine, if yes, how many cups per day: \_\_\_\_\_

Smoking, if yes, how many cigarettes per day: \_\_\_\_\_

Alcohol, if yes, how many drinks per day: \_\_\_\_\_

Do you use drugs for reasons that are not medical? Yes No  
If yes, please list: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_