

Review of Systems

Please check **Yes** or **No** next to the question regarding your health condition.

		Condition
Yes	No	Constitutional
		Chills
		New onset of fatigue
		Fever
		Night Sweats
		Weight Loss not related to dieting
Yes	No	Head & Neck (HE ENT)
		Frequent or unusual headache
		Blurred or double vision (Diplopia)
		Hearing loss
		Frequent colds
		Nasal obstruction
		Hoarseness or change in voice
		Abnormal or heavy snoring
Yes	No	Musculoskeletal
		Back Pain
		Bone or Joint stiffness or pain
Yes	No	Endocrine
		Chronic overweight
		Chronic underweight
		Heat intolerance
		Cold intolerance
		Generalized weakness
		Excessive thirst (Polydipsia)
		Frequent urination (Polyuria)
Yes	No	Neurologic
		Loss of consciousness
		Muscle weakness
		Paralysis
		Seizures
		Difficulty with coordination
		Tremor
		Loss of memory
Yes	No	Vascular
		Leg pain when walking (claudication)
		Cold Extremities
		History of phlebitis (Thrombophlebitis)
		Leg ulcers
		Varicose veins