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

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

Yes	No	**Respiratory**
		Chronic cough
		Shortness of breath (dyspnea)
		Coughing up blood (hemoptysis)
		Pain related to breathing (respiration)
		Wheezing
		History of exposure to tuberculosis
Yes	**No**	**Cardiovascular**
		Chest pain or distress
		Shortness of breath with exertion (dyspnea)
		Swelling of the legs or ankles (edema)
		Shortness of breath lying flat (Orthopnea)
		Heart palpitations
Yes	**No**	**Gastrointestinal**
		Abdominal Pain
		Blood in Stool
		Change in appetite
		Change in bowel habits
		Constipation
		Diarrhea
		Difficulty swallowing (Dysphagia)
		Heartburn
		Vomiting blood (Hematemesis)
		Hemorrhoids
		Nausea
		Vomiting
Yes	**No**	**Genitourinary**
		Pain or burning on urination
		Urinary urgency
		Passage or kidney stone
		Hernia
		Blood in urine
		Incontinence
Yes	**No**	**Hematological**
		Easy bleeding
		Easy Bruising
		Lymph node enlargement
		History of blood clots