

SYSTEMIC REVIEW:

General (Constitutional)

Weight change? yes / no
 Loss of appetite yes / no
 Fever yes / no
 Night sweats yes / no
 Fatigue yes / no
 Chills yes / no

Dermatology

Rash yes / no
 Change in color of moles yes / no
 Hives yes / no
 Wounds yes / no
 Skin lesions yes / no
 Dry skin yes / no

Endocrinology

Fatigue yes / no
 Excessive thirst yes / no
 Weight loss yes / no
 Cold intolerance yes / no
 Heat intolerance yes / no
 Diabetes yes / no
 Dry skin yes / no
 Thyroid problems yes / no
 High cholesterol yes / no

Neurology

Headache yes / no
 Tingling, numbness yes / no
 Seizures yes / no
 Insomnia yes / no
 Memory loss yes / no
 Dizziness yes / no
 Gait abnormality yes / no
 Neuralgia yes / no
 Loss of consciousness yes / no
 Stroke/tia yes / no

Ophthalmology (Eye)

Eye irritation yes / no
 Drainage from the eyes yes / no
 Blurry vision yes / no
 Loss of vision yes / no
 Floaters yes / no

Respiratory

Shortness of breath yes / no
 Chest pain yes / no
 Cough yes / no
 Wheezing yes / no
 Coughing blood yes / no

Allergy

Runny nose yes / no
 Scratchy throat yes / no
 Itchy eyes yes / no
 Ear fullness yes / no
 Sinus congestion yes / no
 seasonal allergies yes / no

Blood/Lymph

Swollen glands yes / no
 Fatigue yes / no
 Loss of appetite yes / no
 Varicose veins yes / no
 Easy bruising yes / no
 Anemia yes / no

Urology

Difficultly urinating yes / no
 Blood in urine yes / no
 Urinary urgency yes / no
 Frequent urination yes / no
 Urinary incontinence yes / no
 Recurrent UTI yes / no
 Erectile dysfunction yes / no

Nephrology (Kidney)

Chronic kidney disease yes / no
 High blood pressure yes / no
 Dialysis yes / no
 Kidney stones yes / no
 Kidney transplant yes / no

Head and Neck

Cough yes / no
 Hearing loss yes / no
 Sore throat yes / no
 Ringing in the ears yes / no
 Trouble swallowing yes / no
 Nose bleeds yes / no
 Hoarseness yes / no

Cardiology

Chest pain yes / no
 Palpitations yes / no
 Shortness of breath yes / no
 Blood clots (legs or arms) yes / no
 Breathless with activity yes / no
 Murmur yes / no
 High blood pressure yes / no
 Leg pain with exercise yes / no
 Heart attack / heart trouble yes / no
 Leg swelling yes / no

Gastrointestinal

Nausea yes / no
 Heartburn yes / no
 Vomiting yes / no
 Bloating yes / no
 Difficulty swallowing yes / no
 Abdominal pain yes / no
 Diarrhea yes / no
 Constipation yes / no
 Change in bowel habits yes / no
 Blood in stool yes / no

Musculoskeletal

Joint stiffness yes / no
 Leg cramping yes / no
 Joint pain yes / no
 Joint swelling yes / no
 Muscle aches yes / no
 Sciatica yes / no
 Gout yes / no
 Osteoporosis yes / no

Psychology

Depression yes / no
 High stress level yes / no
 Sleep disturbances yes / no
 Suicidal thoughts yes / no
 Eating disorders yes / no
 Alcohol abuse yes / no
 Under psychiatric care yes / no

Male Reproductive

Difficulty with erection yes / no
 Difficulty with ejaculation yes / no
 Decreased sex drive yes / no

Female Reproductive

Recurrent yeast infections yes / no
 Painful intercourse yes / no
 "PMS" yes / no
 Fertility trouble yes / no
 Vaginal itching yes / no
 Irregular periods yes / no
 Breast pain yes / no
 Breast discharge yes / no
 Last menstrual period _____
 Age period started _____
 Number of pregnancies _____
 Number of miscarriages _____
 Date of last PAP & result _____

Source of information other than patient: _____

Date: _____ Signature of patient: _____ Reviewed by provider: _____