Plano Wellness

**Form must be filled out completely. Please check ☐ (Box) labeled "None" or "No" if it does not apply.**

Patient Review of Systems

**Name:** _____ **DOB:** _____ **Age:** _____

**E-mail:**

(E-mail address needed to access Web Portal)

**Phone #**: _____

**Local Pharmacy:** _____ **Pharmacy Phone # *or* Address:** _____

Mail Order Pharmacy: _____ Compounding Pharmacy: _____

Any changes in **address,** or **insurance coverage** since your last visit? ☐No ☐Yes

If yes, please explain changes. _____

**Reason for today's visit** *(check all that apply)*

☐ Follow up ☐ BioTE® ☐ Hormone Problems ☐ Abnormal Pap ☐ Abnormal Bleeding

☐ Abnormal Imaging ☐ Birth Control ☐Surgery ☐ Second opinion ☐ Other_____

**First day of Last Menstrual Period:** _____/_____/_____

**Review of Systems**: *(Please circle any you **currently** have):* ☐None

| | |
|---|---|
| General | Chills Fatigue Fever Night sweats Weight gain Weight loss |
| Eyes | Blind spots Floaters in the visual field Eye pain |
| Ears, Nose, Throat, Neck | Bleeding gums Hoarseness Swollen neck Decreased hearing Difficulty swallowing Nosebleed |
| Endocrine | Cold intolerance Heat intolerance Hair loss Hot flashes Excessive hair growth Thirst Breast discharge |
| Respiratory | Hemoptysis (bloody cough) Shortness of breath Wheezing |
| Cardiac | Faint Chest pain Palpitations Shortness of breath at rest |
| GI | Abdominal pain Blood in stool Constipation Diarrhea Nausea Vomiting |
| Heme/Lymph | Anemia Easy bruising Prolonged bleeding Swollen glands |
| GU | Nocturia (urination at night) Pelvic pain Vaginal dryness Vaginal discharge Vaginal itching Vaginal burning Low sex drive Difficult to climax Painful intercourse Blood after intercourse Blood in urine Frequent urination Painful urination |
| Musculoskeletal | Back problems (pain) Painful joints Weakness Swollen joints |
| Skin | Acne Dry skin New mole Rash |
| Neurologic | Dizziness Headache Poor memory Tingling/Numbness |
| Psychiatric | Irritability Anxiety Depressed mood Difficulty sleeping Suicidal thoughts Insomnia |

| OFFICE USE ONLY | Ht: | Wt: | BP: | P: | Temp: | UA: |
|---|---|---|---|---|---|---|