



Patient Name \_\_\_\_\_

Date \_\_\_\_\_

### Baseline Review of Systems Questionnaire

Are you currently being treated or have sought treatment for any of the following:

**NO YES ?**

**NO YES ?**

#### **GENERAL WELL BEING**

Fever, Weight Loss/Gain \_\_\_\_\_

#### **NEUROLOGICAL**

Headaches \_\_\_\_\_

Migraines \_\_\_\_\_

Seizures / Convulsions \_\_\_\_\_

#### **EARS, NOSE, MOUTH, THROAT**

Allergies / Hay Fever \_\_\_\_\_

Sinus Infections \_\_\_\_\_

Dry Throat / Mouth \_\_\_\_\_

#### **GASTROINTESTINAL**

Diarrhea/Constipation \_\_\_\_\_

#### **OTHER SYSTEMIC DISORDERS**

Diabetes \_\_\_\_\_

Thyroid/Other Glands \_\_\_\_\_

HIV / AIDS \_\_\_\_\_

Hepatitis/Jaundice \_\_\_\_\_

Herpes Simplex \_\_\_\_\_

Skin Disorders \_\_\_\_\_

Auto-immune Disorders \_\_\_\_\_

Other Allergic Disorders \_\_\_\_\_

**PREGNANT? Y / N** \_\_\_\_\_ **Y / N** \_\_\_\_\_ **Y / N** \_\_\_\_\_ **Y / N** \_\_\_\_\_  
Exam Date Exam Date Exam Date Exam Date

**If you have answered YES to any of the above or have a condition not listed, please explain.**

#### **Primary Care**

**Dr's Name:** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Pharmacy Name:** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Pharmacy Address:** \_\_\_\_\_

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Doctor's Signature Date (ROS-Word /Feb, 2009)

Reviewed and updated Reviewed and updated Reviewed and updated Reviewed and updated Reviewed and updated

*This handy form can help you use medicine safely. Keep it up-to-date, and bring it with you to each hospital or doctor's visit.*

**MY MEDICATION RECORD (PRESCRIPTION, NON-PRESCRIPTION,  
OVER-THE-COUNTER, HERBAL)**

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICINES YOU ARE ALLERGIC TO: \_\_\_\_\_

\_\_\_\_\_

<b>MEDICATION NAME</b>	<b>WHAT IS IT FOR?</b>	<b>DOSE</b>	<b>HOW OFTEN?</b>	<b>PRESCRIBED BY: (PHONE #)</b>
<i>Example: Aspirin</i>	<i>Headache</i>	<i>200 mg</i>	<i>Once per day</i>	<i>Dr. John Doe, 123-456-7890</i>

For more information on safe and effective medicine use, ask your pharmacist or contact:



*American Society of Health-System Pharmacists  
7272 Wisconsin Avenue  
Bethesda, MD 20814  
(301) 664-8799  
[www.SafeMedication.com](http://www.SafeMedication.com)*

A community service brought to you by the doctors and staff of:

**Central Phoenix Eye Care**  
**A. James Frank, III, O. Rachel Earl, O.D. Jennifer Koster, O.D.**  
**4747 North 7<sup>th</sup> Street, Suite 240 Phoenix, Arizona 85014**

**Phone: 602-265-8597**      [www.centralphoenixeyecarepllc.com](http://www.centralphoenixeyecarepllc.com)      **fax 602-265-6811**

(my medication list/03/2022)