



CAROLINAS URGENT and PRIMARY CARE

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Review of Systems

Please check off **ONLY** what you are experiencing **TODAY**.

CONSTITUTIONAL:	<input type="checkbox"/> WEIGHT GAIN <input type="checkbox"/> WEIGHT LOSS <input type="checkbox"/> FEVER <input type="checkbox"/> CHILLS
HEENT:	<input type="checkbox"/> DRY EYES <input type="checkbox"/> EYE IRRITATION <input type="checkbox"/> SORE THROAT <input type="checkbox"/> EAR PAIN <input type="checkbox"/> VISION CHANGES <input type="checkbox"/> HEARING CHANGES <input type="checkbox"/> SINUS PROBLEMS
CARDIOVASCULAR:	<input type="checkbox"/> CHEST PAIN <input type="checkbox"/> PALPITATIONS <input type="checkbox"/> POOR CIRCULATION <input type="checkbox"/> LEG SWELLING
RESPIRATORY:	<input type="checkbox"/> SHORTNESS OF BREATH <input type="checkbox"/> COUGH <input type="checkbox"/> SLEEP APNEA/C-PAP USE
GASTROINTESTINAL:	<input type="checkbox"/> VOMITING <input type="checkbox"/> VOMITING BLOOD <input type="checkbox"/> NAUSEA <input type="checkbox"/> DIARRHEA <input type="checkbox"/> BLOOD IN STOOL <input type="checkbox"/> BLACK TARRY STOOLS <input type="checkbox"/> ABDOMINAL PAIN
MUSCULOSKELETAL:	<input type="checkbox"/> JOINT PAIN <input type="checkbox"/> JOINT SWELLING <input type="checkbox"/> MUSCLE WEAKNESS <input type="checkbox"/> MUSCLE ACHES
INTEGUMENTARY (SKIN):	<input type="checkbox"/> RASH <input type="checkbox"/> LESIONS <input type="checkbox"/> VARICOSE VEINS
NEUROLOGIC:	<input type="checkbox"/> NUMBNESS <input type="checkbox"/> SEIZURES <input type="checkbox"/> DIZZINESS <input type="checkbox"/> HEADACHES
PSYCHIATRIC:	<input type="checkbox"/> ANXIETY <input type="checkbox"/> DEPRESSION <input type="checkbox"/> SLEEP DISTURBANCE
ENDOCRINE:	<input type="checkbox"/> EXCESSIVE THIRST <input type="checkbox"/> STERIOD TREATMENT <input type="checkbox"/> FATIGUE
HEMATOLOGIC/ LYMPHATIC:	<input type="checkbox"/> ANEMIA <input type="checkbox"/> EASY BRUSING <input type="checkbox"/> BLEED EASILY <input type="checkbox"/> TAKING BLOOD THINNERS <input type="checkbox"/> SWOLLEN LYMPH NODES
ALLERGY/ IMMUNE:	<input type="checkbox"/> HAY FEVER <input type="checkbox"/> IMMUNE DISEASE <input type="checkbox"/> ALLERGIC TO IV CONTRAST DYE OR SHELLFISH?