

SYSTEMS REVIEW

As you review the following list, please check any of those problems, which have significantly affected you.

Date of last eye exam ____/____/____

Date of last chest x-ray ____/____/____

Date of last Tuberculosis Test ____/____/____

Date of last bone densitometry ____/____/____

Constitutional

- ☐ Recent weight gain
amount _____
- ☐ Recent weight loss
amount _____
- ☐ Fatigue
- ☐ Weakness
- ☐ Fever

Eyes

- ☐ Pain
- ☐ Redness
- ☐ Loss of vision
- ☐ Double or blurred vision
- ☐ Dryness
- ☐ Feels like something in eye
- ☐ Itching eyes

Ears-Nose-Mouth-Throat

- ☐ Ringing in ears
- ☐ Loss of hearing
- ☐ Nosebleeds
- ☐ Loss of smell
- ☐ Dryness in nose
- ☐ Runny nose
- ☐ Sore tongue
- ☐ Bleeding gums
- ☐ Sores in mouth
- ☐ Loss of taste
- ☐ Dryness of mouth
- ☐ Frequent sore throats
- ☐ Difficulty in swallowing

Cardiovascular

- ☐ Pain in chest
- ☐ Irregular heartbeat
- ☐ High blood pressure
- ☐ Respiratory
- ☐ Shortness of breath
- ☐ Difficulty in breathing at night
- ☐ Swollen legs or feet
- ☐ Cough

- ☐ Coughing of blood
- ☐ Wheezing (asthma)

Gastrointestinal

- ☐ Nausea
- ☐ Vomiting
- ☐ Stomach pain
- ☐ Increasing constipation
- ☐ Diarrhea
- ☐ Blood in stools
- ☐ Black stools
- ☐ Heartburn

Genltourinary

- ☐ Difficult urination
- ☐ Pain or burning on urination
- ☐ Blood in urine
- ☐ Cloudy, "smoky" urine
- ☐ Getting up at night to pass urine
- ☐ Vaginal dryness
- ☐ Rash/ulcers

Musculoskeletal

- ☐ Morning stiffness
Lasting how long?
Minutes Hours
- ☐ Joint pain
- ☐ Muscle weakness
- ☐ Muscle tenderness
- ☐ Joint swelling
List joints affected in the last 6 mos.

Integumentary (skin and/or breast)

- ☐ Redness
- ☐ Rash
- ☐ Hives
- ☐ Sun sensitive (sun allergy)
- ☐ Nodules/bumps
- ☐ Hair loss

- ☐ Color changes of hands or feet
in the cold

Neurological System

- ☐ Headaches
- ☐ Dizziness
- ☐ Fainting
- ☐ Muscle spasm
- ☐ Numbness or tingling
- ☐ Memory loss
- ☐ Night sweats

Psychiatric

- ☐ Anxiety
- ☐ Easily losing temper
- ☐ Depression
- ☐ Agitation
- ☐ Difficulty falling asleep
- ☐ Difficulty staying
asleep

Endocrine

- ☐ Excessive thirst

Hematologic/Lymphatic

- ☐ Swollen glands
- ☐ Tender glands
- ☐ Transfusion/when
- ☐ Allergic/Immunologic
- ☐ Frequent sneezing
- ☐ Increased susceptibility to
infection

Patient's Name _____

Date _____

Physician Initials _____