**Review of Systems**

 Mark if **Yes**

**Neurological** **Skin**

\_\_\_\_\_ Migraines \_\_\_\_\_ Eczema

\_\_\_\_\_ Headaches \_\_\_\_\_ Dermatitis

\_\_\_\_\_ Slurring speech \_\_\_\_\_ Rashes

\_\_\_\_\_ Ringing in ears \_\_\_\_\_ Easy Bruising

 \_\_\_\_\_ Hair loss

**Ear/Nose/Throat** \_\_\_\_\_ Numbness/tingling

\_\_\_\_\_ Altered Taste/Smell

\_\_\_\_\_ Night Blindness **Genitourinary**

\_\_\_\_\_ Gingivitis \_\_\_\_\_ Uterine fibroids

\_\_\_\_\_ Nosebleeds \_\_\_\_\_ Ovarian Cysts

 \_\_\_\_\_ Cancer - breast /ovarian

**Cardiovascular**  \_\_\_\_\_ Prostate problems/cancer

\_\_\_\_\_ Chest Pain

\_\_\_\_\_ Palpitations -racing heartbeat **Emotional/Mental**

\_\_\_\_\_ Swelling in hands/feet \_\_\_\_\_ Depression

\_\_\_\_\_ Anemia \_\_\_\_\_ Anxiety

 \_\_\_\_\_ Irritability/Mood Swings

**Respiratory** \_\_\_\_\_ Inability to Focus

\_\_\_\_\_ Respiratory infection

\_\_\_\_\_ Asthma **Energy**

\_\_\_\_\_ Congestion \_\_\_\_\_ Fatigue

\_\_\_\_\_ Wheezing \_\_\_\_\_ Hyperactivity

 \_\_\_\_\_ Restlessness

**GI** \_\_\_\_\_ Insomnia

\_\_\_\_\_ Cramping/ stomach pains \_\_\_\_\_ Stress

\_\_\_\_\_ Gas / Bloating

\_\_\_\_\_ Constipation **Weight**

\_\_\_\_\_ Reflux / Heartburn \_\_\_\_\_ Weight Gain

\_\_\_\_\_ Nausea / vomiting \_\_\_\_\_ Inability to lose weight

 \_\_\_\_\_ Food Cravings

**Musculoskeletal** \_\_\_\_\_ Binge Eating

\_\_\_\_\_ Joint Pain \_\_\_\_\_ Decreased Appetite

\_\_\_\_\_ Arthritis \_\_\_\_\_ Water Retention

\_\_\_\_\_ Chronic Pain \_\_\_\_\_

\_\_\_\_\_ Muscle Aches \_\_\_\_\_

\_\_\_\_\_ Postural issues

**List all options you have tried to assist with these symptoms:**

diet - prescription meds - over the counter meds - exercise - PT - other