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REVIEW OF SYSTEMS:

Circle if you have any of the symptoms below:

*** If you have any of the following symptoms, you should address them with you Primary Care Physician. ***

CONSTITUTIONAL SYMPTOMS:	Unexplained fevers /chills/rashes		
EYES:	Dim vision		
EARS, NOSE, MOUTH, THROAT:	Dentures	Hole in eardrum (Year) _____	Deviated septum
CARDIOVASCULAR:	Heart murmur	Irregular heart beat	
RESPIRATORY:	Coughing up blood	Daytime Breathing through nose difficult	Asthma
GASTROINTESTINAL:	Throwing up blood	Blood in Stool	Reflux / GERD
GENITOURINARY:	Pain with urinating	Kidney stones	Excessive Urinating at Night
MUSCULOSKELETAL:	Neck pain	Back pain	Joint pain
INTEGUMENTARY (SKIN AND/OR BREAST):	Unexplained Rash/hives		
NEUROLOGICAL:	Seizures	Migraines	
PSYCHIATRIC:	Depression	Anxiety	
ENDOCRINE:	Fatigue	Erectile dysfunction "ED"	Impotence
HEMATOLOGIC/LYMPHATIC:	Excessive bleeding	Anemia	
ALLERGIC/IMMUNOLOGIC:	Hayfever/Environmental Allergies		