

REVIEW OF SYSTEMS

Please check all of the following items that apply to you.

CONSTITUTIONAL

- Fever Chills Night Sweats

EYES

- Visual Changes

EARS, NOSE, THROAT

- Ear Ache Nasal Congestion Sore Throat

RESPIRATORY

- Shortness of Breath Chronic Cough Coughing Up Blood

CARDIOVASCULAR

- Chest Pain Irregular Heartbeat

GASTROINTESTINAL

- Nausea Vomiting Abdominal Pain

GENITOURINARY

- Blood in Urine

HEMATOLOGIC

- Easy Bruising Swollen Glands

ENDOCRINE

- Excessive Thirst Cold Intolerance Heat Intolerance

IMMUNOLOGIC

- Frequent Infections

MUSCULOSKELETAL

- Back Pain Bone/Joint Pain Muscle Weakness

SKIN

- Rash Skin Lesion

NEUROLOGICAL

- Seizure

PSYCHIATRIC

- Anxiety Depression