

SYSTEMS REVIEW



As you review the following list, please check any problems, which have significantly affected you:

Date of last mammogram: ___/___/___ 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
Hoarseness
Difficulty swallowing

Cardiovascular

- Chest Pain
Irregular heart beat
Sudden changes in heart beat
High blood pressure
Heart murmurs

Respiratory

- Shortness of breath
Difficulty breathing at night
Swollen legs or feet
Cough
Coughing of blood
Wheezing (asthma)

Gastrointestinal

- Nausea
Vomiting of blood or coffee ground material
Stomach pain relieved by food or milk
Jaundice
Increasing constipation
Persistent diarrhea
Blood in stools
Black stools
Heartburn

Genitourinary

- Difficult urination
Pain or burning on urination
Blood in urine
Cloudy, "smoky" urine
Pus in urine
Discharge from penis/vagina
Getting up at night to pass urine
Vaginal dryness
Rash/ulcers
Sexual difficulties
Prostate trouble

For Women Only:

Age when periods began:
Periods regular? Yes No
How many days apart?
Date of last period?
Date of last pap?
Bleeding after menopause? Yes No
Number of pregnancies?
Number of miscarriages?

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)

- Easy bruising
Redness
Rash
Hives
Sun sensitive (sun allergy)
Tightness
Nodules/bumps
Hair loss
Color changes of hands or feet in the cold

Neurological System

- Headaches
Dizziness
Fainting
Muscle spasm
Loss of consciousness
Sensitivity or pain of hands and/or feet
Memory loss
Night sweats

Psychiatric

- Excessive worries
Anxiety
Easily losing temper
Depression
Agitation
Difficulty falling asleep
Difficulty staying asleep

Endocrine

- Excessive thirst

Hematologic/Lymphatic

- Swollen glands
Tender glands
Anemia
Bleeding tendency
Transfusion/when

Allergic/Immunologic

- Frequent sneezing
Increased susceptibility to infection

Patient's Name: Date: Physician Initials: