



**REVIEW OF SYSTEMS****Do you now or have you had problems with any of the following?**

	Y	N	Please explain any Yes answers.
<b>GENERAL:</b> Recent weight changes, fever, weakness, fatigue, headaches			
<b>INTEGUMENTARY:</b> Rashes, eruptions, dryness, jaundice, changes in skin, hair or nails, discoloration of skin			
<b>EYES:</b> Blurred vision, double vision, pain			
<b>EARS, NOSE, MOUTH &amp; THROAT:</b> Soreness and/or redness of gums, hoarseness, difficulty in swallowing, head colds, discharges, obstruction, postnasal drip, sinus pain, earaches			
<b>MUSCULOSKELETAL:</b> Joint pain, neck pain, back pain			
<b>RESPIRATORY:</b> Chest pain, wheezing, cough, difficulty breathing, asthma, bronchitis, pneumonia, tuberculosis, shortness of breath, emphysema			
<b>NEUROLOGIC:</b> Fainting, blackouts, seizures, paralysis, tingling, tremors, memory loss, dizzy spells, stroke			
<b>CARDIOVASCULAR:</b> Chest pain, rheumatic fever, rapid heart beat, high blood pressure, swelling, dizziness, faintness, varicose veins, heart valve problems			
<b>ENDOCRINE:</b> Thyroid trouble, fatigue, heat or cold intolerance, excessive sweating, thirst, hunger			
<b>GASTROINTESTINAL:</b> Appetite, nausea, vomiting, diarrhea, constipation, indigestion, food intolerance, hemorrhoids, jaundice, heartburn, diabetes, hepatitis			
<b>GENITOURINARY:</b> <b>Male</b> – Hernias, testicular problems, penile problems, impotency, infertility <b>Female</b> – Discharge, pain, discomfort <b>Urinary:</b> Frequent or painful urination, blood in urine, urinary infections, urine retention			
<b>HEMATOLOGIC/LYMPHATIC:</b> Anemia, easy bruising or bleeding, past transfusions, swollen glands, blood clotting problems			
<b>PSYCHOLOGIC:</b> Nervousness, mood swings, insomnia, headache, nightmares, depression			
<b>ALLERGY/IMMUNOLOGIC:</b> Food allergies, plant allergies, environmental allergies			
<b>OTHER</b> AIDS, HIV			

**Physician use only: (Comments/Notes)**I have reviewed the *Medical Questionnaire* with the patient. \_\_\_\_\_

PATIENT NAME \_\_\_\_\_ • NPV • ROV DATE \_\_\_\_\_