Print in Color or Grayscale Only

Using Adobe Acrobat Reader 8.0 or later

Marking Instructions

Please use a # 2 pencil.

Fill in the complete oval as shown...

Review of Systems

Please answer every question.

	PLI	EASE	PRI	NT P	ATIE	NT'	S LA	ST N	AM	E										
550																				
	PLI	EASE	PRI	NT F	ATIE	NT'	S FIF	RST N	IAM	E		PA	TIEN	T'S	DA	ГЕ О	FΒ	IRTH	1	

Please mark only the symptoms you are CURRENTLY experiencing. Mark all that apply ---- if no symptoms, please mark "NONE."

	I wark an that apply if no symptoms, please mark NONE.								
GENERAL									
		lethargy							
chills	weight loss	persistent infections							
<u> </u>	weight gain	fatigue	○ NONE						
EYES									
blurred vision	vision loss	glasses / contacts	ONONE						
EAR, NOSE AND THROAT									
hoarseness	onose bleeds	sinus pain							
hearing loss	seasonal allergies	sleep apnea	○ NONE						
CARDIOVASCULAR									
	swelling in ankles								
chest pain	pain in legs								
palpitations	eg pain when wa								
shortness of breath	leg cramps								
difficulty breathing on exertion	onumbness in legs								
dizziness	color changes in h								
passing out	onon-healing woun	id or ulcer	○ NONE						
RESPIRATORY									
	iculty breathing	chronic cough							
	iculty breathing lying flat	coughing blood	○ NONE						
GASTROINTESTINAL									
	odark stools	heartburn							
nausea	constipation	bloody stool							
vomiting	chronic diarrhea	hemorrhoids							
change in bowel habits	abdominal pain	excessive gas	○ NONE						
GENITOURINARY									
urinary frequency	painful urination		<u> </u>						
blood in urine	nighttime urination	·	NONE _						
	If you checked "nighttime u	rination", number of times p							
AALICCIII OCKELETAI		<u> </u>	<u>>4</u>						
MUSCULOSKELETAL		Charlensin							
inius main		back pain	NONE						
joint pain	muscle pain	muscle weakness	ONONE						
SKIN		O rock							
dus aldia	hive	rash	NONE						
dry skin	hives	skin ulcer	○ NONE						
NEUROLOGIC		noor bolones							
fointing	numbnoss	opoor balance							
fainting	numbnesstrouble walking	seizuresheadaches	NONE						
odecreased memory PSYCHIATRIC	Urouple walking	<u> </u>	O NONE						
PSTUNIATRIC		anvioty							
change in sleep pattern	donrossion	anxiety	NONE						
	depression	opanic attacks	ONONE						
		cold intolerance							
hair changes	hot flashes	heat intolerance	○ NONE						
	O HOL Hastles	— Heat Intolerance	O INDINE						
HEME / LYMPHATIC	Oversive blooding	blood clots	NONE						
easy bruising	excessive bleeding	Diodu ciots	○ NONE						