

NAME _____

DATE _____

REVIEW OF SYSTEMS

Blood and Lymph

- Anemia Blood Clotting Problems HIV Positive Swollen Glands

Cardiac

- Varicose Veins Angina High Blood Pressure High Cholesterol
 Other heart problem Peripheral vascular disease

EENT

- Glaucoma Hearing Loss Other Sinus Problems

Endocrine

- Diabetes Other Pituitary Problems Thyroid

Gastrointestinal

- Cramps/pain Difficulty swallowing Indigestion
 Nausea & vomiting Other

General

- Chills Fatigue, tiredness Fever Generalized pain

Genitourinary

- Difficulty urinating Hesitancy/Urgency Other Painful urination

Musculoskeletal

- Joint swelling/stiffness Leg cramps Muscle aches Muscle weakness

Neurological

- Chronic headaches Dizziness Other Tremor

Psychiatric

- Anxiety Depression Other Panic attacks

Respiratory

- Chronic cough Other Shortness of breath Wheezing

Skin

- Non-healing sores Other Persistent itch Rashes

Signature

Social History

Alcohol Use

- Frequently None Occasionally Seldom

Social Drug Use

- In the past Never Now

Employment Status

- Disabled Full time Part time Retired
- Student Unemployed

Marital Status

- Divorced Married Single Widowed

Tobacco Use

- Cigarettes < 1 PPD Cigarettes > 1 PPD Never smoked
- Previous smoker Smokeless tobacco Other Tobacco

Family History

- Arthritis Cancer Diabetes Heart Disease
- High Cholesterol HIV/AIDS Hypertension Kidney Disease
- Nervous Disorders Obesity
- Parents: Father deceased Parents: Father living
- Parents: Mother deceased Parents: Mother living
- Stroke Suicide

