

REVIEW OF SYSTEM / MEDICAL HISTORY

TODAY'S DATE _____

Name: _____ Date of Birth: _____ Age: _____

Occupation: _____

Married Single Divorced Widowed Gender: Male Female Number of Children: _____

Handedness: Right Left If Student, School Name and location: _____ FT PT

Tobacco Use: Yes No If yes, _____ Packs/Day How Long? _____ Date Quit: _____

Are you exposed to 2nd hand smoke? Yes No

Do you have pain? Yes No If Yes, at what level? (1-10) _____

How many times have you fallen in the last year? _____ (number)

Have any falls resulted in injury? Yes _____ No

Alcohol Use: How Much Per Day? _____ Caffeine Use: (Coffee, Tea, Colas) Per Day: _____

Do you carry a diagnosis of: Hypertension? Yes No Diabetes? Yes No Coronary Artery Disease? Yes No

Have you been vaccinated for pneumonia? Yes No Don't Know If Yes, date? _____ Don't Remember

Referring Physician: _____ Family Physician: _____

Your Pharmacy: _____ Location: _____

Why are you here to see the doctor today? _____

REVIEW OF SYSTEMS

PLEASE CHECK EACH ITEM THAT IS A CURRENT OR ONGOING ISSUE

CONSTITUTIONAL:

- CHILLS
- FATIGUE
- FEVER
- MALAISE
- NIGHT SWEATS
- WEIGHT GAIN
- WEIGHT LOSS

EYES, EARS, NOSE, THROAT:

- EAR PAIN
- EYE PAIN
- HEARING LOSS
- SINUS PRESSURE
- SORE THROAT
- VISUAL CHANGES

RESPIRATORY:

- COUGH
- KNOWN TB EXPOSURE
- SHORTNESS OF BREATH
- WHEEZING

CARDIOVASCULAR:

- CHEST PAIN
- EDEMA
- PALPITATIONS

GENITOURINARY:

- DYSURIA (PAINFUL URINATION)
- SLOW STREAM
- URINARY FREQUENCY
- URINARY INCONTINENCE
- URINARY RETENTION

GASTROINTESTINAL:

- ABDOMINAL PAIN
- BLOOD IN STOOLS
- CHANGE IN STOOLS
- CONSTIPATION
- DIARRHEA
- HEARTBURN
- LOSS OF APPETITE
- NAUSEA
- VOMITING

REPRODUCTIVE:

MEN

- ERECTILE DYSFUNCTION
- SEXUAL DYSFUNCTION

WOMEN

- HOT FLASHES
- IRREGULAR MENSES
- VAGINAL DISCHARGE

NEUROLOGICAL:

- DIZZINESS
- EXTREMITY NUMBNESS
- EXTREMITY WEAKNESS
- GAIT DISTURBANCE
- HEADACHE
- MEMORY LOSS
- SEIZURES
- TREMORS

PHYSCHIATRIC:

- ANXIETY
- DEPRESSION
- INSOMNIA

INTEGUMENTARY:

- BRITTLE NAILS
- HAIR LOSS
- HIVES
- PRURITIS (ITCHING)
- RASH

METABOLIC / ENDOCRINE:

- COLD INTOLERANCE
- HEAT INTOLERANCE

MUSCULOSKELETAL:

- BACK PAIN
- JOINT PAIN
- JOINT SWELLING
- MUSCLE WEAKNESS
- NECK PAIN

HEMATOLOGY / LYMPHATIC:

- EASY BLEEDING
- EASY BRUISING
- LYMPHADENOPATHY

IMMUNOLOGIC:

- ENVIRONMENTAL ALLERGIES
- FOOD ALLERGIES
- SEASONAL ALLERGIES

OTHER:

- _____
- _____
- _____

