

Health History/Review of Systems

Have you had or been told you have any of the following conditions or symptoms? Please check all that apply.

General

- Recent weight gain
- Recent weight loss
- Loss of appetite
- Recent fever**
- Recent fatigue
- Recent night sweats
- HIV**

Eyes, Ears, Nose, Throat

- Frequent headaches
- Migraine
- Head injury
- Vertigo
- Light headedness
- Visual loss
- Double vision**
- Wear glasses/contact lenses
- Hearing loss
- Ringing in ears
- Ear drainage**
- Frequent nose bleeds
- Mouth sores
- Bleeding gums
- Toothaches
- Frequent sore throat
- Hoarseness
- Voice changes
- Neck swelling
- Neck stiffness
- Any other disorder of the eyes, ears, nose or throat

Respiratory

- Shortness of breath with activity
- Shortness of breath while lying flat**
- Shortness of breath awakening you at night
- Wheezing**
- Chronic cough
- Coughing up blood
- Pleurisy
- Asthma**
- Chronic bronchitis**
- Emphysema**
- TB**
- Any other chronic respiratory disorder
- Date of last chest x-ray _____

Cardiovascular

- Chest pain or tightness**
- Palpitations
- Irregular heart beat
- Rheumatic fever
- Heart murmur
- Heart attack**
- Swelling in ankles
- High blood pressure**
- Pain in calves when walking
- Phlebitis
- Blood clots
- Any other disease or disorder of the heart or blood vessels

- Date of last EKG _____

Gastrointestinal

- Difficulty swallowing
- Frequent nausea/vomiting
- Vomiting of blood
- Abdominal pain
- Colic
- Jaundice**
- Frequent diarrhea
- Chronic constipation
- Black, tarry stools**
- Bloody stools**
- Change in bowel habits
- Hemorrhoids
- Rectal pain
- Hernia
- Recurrent indigestion
- Ulcer**
- Pancreatitis
- Hepatitis**
- Gallstones
- Any other disease or disorder of the stomach, intestines or liver

Genitourinary

- Pus or blood in the urine**
- Trouble starting to urinate
- Frequency
- Frequent waking to urinate
- Burning with urination**
- Incontinence
- Venereal disease
- Kidney stones
- Kidney or bladder infections**
- Kidney failure**
- Men only:**
 - Impotence
 - Prostate problems
 - Abnormal discharge from penis
 - Vasectomy

Women only:

- Abnormal Pap smear
- Bleeding between periods
- Breast lump
- Abnormal nipple discharge
- Painful intercourse
- Hysterectomy
- If no hysterectomy, are you currently having regular menstrual cycles? _____
- If in menopause, or have had a hysterectomy, are you on hormone replacement therapy? _____
- Could you be pregnant?** _____
- Date of last menstrual cycle: _____

Skin

- Easy bruising
- Bleeding tendency
- Rash
- Itching
- Enlarged or painful lymph nodes
- Cyst
- Tumor
- Skin cancer

- Abnormal scarring
- Other disease or disorder of the skin

Endocrine

- Sugar in the urine**
- Excessive urination
- Excessive hunger
- Excessive thirst
- Temperature sensitivity
- Diabetes**
- Hyper-thyroidism
- Hypo-thyroidism
- Abnormal hormone levels
- Other endocrine disorder

Musculoskeletal

- Joint pain
- Joint stiffness
- Weakness in arms
- Weakness in legs
- Fractures
- Deformity
- Amputation
- Arthritis
- Rheumatism
- Gout

Neurological

- Weakness
- Paralysis
- Atrophy
- Tremors
- Seizures
- In- coordination
- Numbness
- Tingling
- Transient ischemic attacks
- Stroke
- Multiple sclerosis
- Fibromyalgia

Mental Status

- Problems with relationships
- Sudden mood changes
- Hallucinations
- Delusions
- Depression
- Insomnia
- Drug addiction
- Claustrophobic
- Other mental disorder
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The information provided is accurate to the best of my knowledge.

Patient signature & Date

Please Print your name

I have reviewed the information provided by the patient.

Physician Signature & Date