Health History/Review of Systems

Have you had or been told you have any or	of the following conditions or symptoms? Please	check all that apply.
General	Phlebitis	Skin
Recent weight gain	Blood clots	☐ Easy bruising
Recent weight loss	Any other disease or disorder of the	☐ Bleeding tendency
Loss of appetite	heart or blood vessels	Rash
□ Recent Fever	Date of last EKG	☐ Itching
Recent fatigue	Gastrointestinal	Enlarged or painful lymph node
Recent night sweats	Difficulty swallowing	Cyst
HIV	Frequent nausea/vomiting	Tumor
Eyes, Ears, Nose, Throat	☐ Vomiting of blood	Skin cancer
Frequent headaches	Abdominal pain	Abnormal scarring
	Colic	Other disease or disorder of the skin
Head Injury	Jaundice	Endocrine
☐ Vertigo	Frequent Diarrhea	Sugar in the urine
Light headedness	Chronic constipation	Excessive urination
☐ Visual loss	☐ Black, tarry stools ☐ Bloody stools	Excessive hunger
Double vision	☐ Change in bowel habits	Excessive Thirst
Wear glasses/contact lenses Hearing loss	Hemorrhoids	Temperature sensitivityDiabetes
Ringing ears	Rectal pain	Hyper-thyroidism
Ear Drainage	Hernia	Hypo-thyroidism
Frequent nose bleeds	Recurrent indigestion	Abnormal hormone levels
Mouth sores	Ulcer	Other endocrine disorders
Bleeding gums	Pancreatitis	Musculoskeletal
☐ Toothaches	Hepatitis	☐ Joint pain
Frequent sore Throat	Gallstones	Joint stiffness
Hoarseness	Any other disease or disorder of the	Weakness in arms
☐ Voice changes	stomach, intestines or liver	Weakness in legs
Neck swelling	Genitourinary	Fractures
Neck stiffness\Any other disorder of	Pus or blood in the urine	Deformity
the eyes, ears, nose or throat	Trouble starting to urinate	Amputation
Respiratory	Frequency	Rheumatism
Shortness of breath with activity	Frequent walking to urinate	☐ Gout
☐ Shortness of breath while lying	Burning with urination	Neurological
flat	Incontinence	☐ Weakness
☐ Shortness of breath awaking you at	☐ Venereal disease	Paralysis
night	☐ Kidney stones	Atrophy
Wheezing	Kidney or bladder infections	Tremors
Chronic cough	☐ Kidney failure	Seizures
Coughing up blood	Men only:	☐ Imbalance
☐ Pleurisy ☐ Asthma	☐ Impotence ☐ Prostate problems	Numbness
Chronic bronchitis	Abnormal discharge from penis	☐ Tingling
Emphysema	☐ Vasectomy	Transient ischemic attacks
☐ TB	Women only:	Stroke
Any other chronic respiratory	Abnormal Pap smear	Multiple sclerosisFibromyalgia
disorder	Bleeding between periods	Mental status
☐ Date of last chest x-ray	Breast lump	Problem with relationships
	Abnormal nipple discharge	Sudden mood changes
Cardiovascular	Painful intercourse	Hallucinations
Chest pain or tightness	Hysterectomy	Delusions
Palpitations	If not hysterectomy, are currently having	Depression
Irregular heart beat	regular menstrual cycles?	☐ Insomnia
Rheumatic fever	If in menopause, or have had a	Drug addiction
Heart murmur	hysterectomy, are you on hormone	Claustrophobic
☐ Heart attack	replacement therapy?	Other mental disorder
Swelling in ankles	Could you be pregnant?	_
High blood pressure Pain in calves when walking	Date of last menstrual cycle	
The inform	mation provided is accurate to the best of m	y knowledge.
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Patient Signature & Date		
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