

# Review of Systems and Medical History for:



Please print patient's name \_\_\_\_\_

Please check if you currently, or have ever had problems with the following:

### Allergic/Immunologic:

- Drug allergy
- Anaphylaxis
- Allergic disorders
- Sneezing
- Itchy/runny nose/eyes
- Rheumatoid Arthritis
- Lupus
- Other \_\_\_\_\_

### Constitutional:

- Developmental disability
- Weight loss or gain
- Trauma
- Fatigue
- Fever
- Other \_\_\_\_\_

### Genitourinary:

- STD
- Urinary frequency
- Genital conditions
- Chlamydia
- Viral Herpetic
- HIV/AIDS
- Kidney disease
- Other \_\_\_\_\_

### Ear, Nose, Throat:

- Sinus conditions
- Upper Respiratory Tract Infection
- Runny nose
- Ear ache
- Hearing impaired
- Sore throat
- Ringing/Tinitus
- Other \_\_\_\_\_

### Cardiovascular:

- Hypertension
- High cholesterol
- Chest pain
- Stroke
- Heart/Vascular Disease
- Shortness of breath
- Faintness
- Palpitations
- Other: \_\_\_\_\_

### Musculoskeletal:

- Pain/stiffness
- Fibromyalgia
- Joint swelling
- Osteoarthritis
- Ankylosing Spondylitis
- Muscular Dystrophy
- Other \_\_\_\_\_

### Respiratory:

- Cigarette smoker
- Asthma
- Bronchitis
- COPD
- Emphysema
- Shortness or difficulty breathing
- Other \_\_\_\_\_

### Gastrointestinal:

- Digestive condition
- Nausea/vomiting
- Stomach pain
- Ulcer
- Colitis
- Crohn's Disease
- Other: \_\_\_\_\_

### Eyes:

- Glaucoma
- Cataract
- Macular Degeneration
- Surgeries/laser procedures
- Inflammatory disorders
- Diabetic Retinopathy
- Injuries
- Other \_\_\_\_\_

Doctor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Review of Systems and Medical History for:

Please print patient's name \_\_\_\_\_

Please check if you currently, or have ever had problems with the following:

## **Integumentary/Breast:**

- Rashes or lesions
- Acne or Rosacea
- Tumors or growths
- Breast conditions
- Eczema
- Psoriasis
- Other \_\_\_\_\_

## **Hematologic/Lymphatic:**

- Anemia, type: \_\_\_\_\_
- Blood disorders or loss
- Leukemia
- Other \_\_\_\_\_

## **Psychiatric:**

- Depression
- Poor sleep behavior
- Difficulty concentrating
- Anxiety/panic disorder
- Schizophrenia
- Bipolar disorder
- Other \_\_\_\_\_

## **Endocrine:**

- Non-Insulin Dependent Diabetes Mellitus
- Insulin Dependent Diabetes Mellitus
- Mood/appetite changes
- Frequent urination, excessive thirst, or hunger
- Sweating
- Hormonal Dysfunction
- Thyroid conditions
- Reproductive problems
- Other \_\_\_\_\_

## **Neurological:**

- Multiple Sclerosis
- Headaches
- Seizures/Epilepsy
- Numbness/weakness
- Alzheimer Disease
- Parkinson Disease
- Cerebrovascular Disease
- Migraines
- Head trauma/concussion
- Other \_\_\_\_\_

## **Cancer:**

- Current, type & treatment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Past, type & treatment:  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor Signature: \_\_\_\_\_

Date: \_\_\_\_\_