## **Health History/Review of Systems**

Ha	ve you had or been told you have any o	of th	e following conditions or symptoms?	Plea	ase check all that apply.
Ge	neral		Date of last EKG		Abnormal scarring
	Recent weight gain				Other disease or disorder of the skin
	Recent weight loss	Gas	strointestinal		
	Loss of appetite		Difficulty swallowing	En	docrine
	Recent fever		Frequent nausea/vomiting		Sugar in the urine
	Recent fatigue		Vomiting of blood		Excessive urination
	Recent night sweats		Abdominal pain		Excessive hunger
	HIV		Colic		Excessive thirst
Eve	es, Ears, Nose, Throat		Jaundice		Temperature sensitivity
	Frequent headaches		Frequent diarrhea		Diabetes
	Migraine		Chronic constipation		Hyper-thyroidism
	Head injury		Black, tarry stools		Hypo-thyroidism Abnormal hormone levels
	Vertigo		Bloody stools		Other endocrine disorder
	Light headedness		Change in bowel habits		Other endocrine disorder
	Visual loss		Hemorrhoids Rectal pain	М.	ısculoskeletal
	Double vision		Rectal pain		
	Wear glasses/contact lenses		Hernia Recurrent indigestion		Joint pain Joint stiffness
	Hearing loss		Ulcer		Weakness in arms
	Ringing in ears		Pancreatitis		Weakness in legs
	Ear drainage		Hepatitis		Fractures
	Frequent nose bleeds	_	Gallstones		Deformity
	Mouth sores	_	Any other disease or disorder of the		Amputation
	Bleeding gums	_	stomach, intestines or <b>liver</b>		Arthritis
	Toothaches		,,		Rheumatism
	Frequent sore throat	Gei	nitourinary		Gout
	Hoarseness		Pus or blood in the urine		
	Voice changes		Trouble starting to urinate	Ne	urological
	Neck swelling Neck stiffness		Frequency		Weakness
	Any other disorder of the eyes, ears,		Frequent waking to urinate		Paralysis
_	nose or throat		Burning with urination		Atrophy
	nose of timoat		Incontinence		Tremors
Respiratory			Venereal disease		Seizures
	Shortness of breath with activity		Kidney stones		In- coordination
	Shortness of breath while lying		Kidney or bladder infections		Numbness
_	flat		Kidney failure		Tingling
	Shortness of breath awakening you		only:		Transient ischemic attacks
	at night		Impotence		Stroke
	Wheezing		Prostate problems		Multiple sclerosis
	Chronic cough		Abnormal discharge from penis		Fibromyalgia
	Coughing up blood	□ W	Vasectomy		
	Pleurisy		men only: Abnormal Pap smear		ental Status
	Asthma		Bleeding between periods		Problems with relationships
	Chronic bronchitis		Breast lump		Sudden mood changes
	Emphysema		Abnormal nipple discharge		Hallucinations
	TB		Painful intercourse		Delusions
	Any other chronic respiratory		Hysterectomy		Depression
	disorder		no hysterectomy, are you currently		Insomnia
	Date of last chest x-ray		ing regular menstrual cycles?		Drug addiction
			in menopause, or have had a		Claustrophobic Other mental disorder
Ca	rdiovascular		erectomy, are you on hormone		Other mental disorder
	Chest pain or tightness	repl	acement therapy?		. :
	Palpitations	Cou	ıld you be pregnant?	Th	
	Irregular heart beat	Date	e of last menstrual cycle:		curate to the best of my
	Rheumatic fever			kn	owledge.
	Heart murmur	Ski	n		
	Heart attack		Easy bruising	Pa	tient signature & Date
	Swelling in ankles		Bleeding tendency		
	High blood pressure		Rash	Pla	ease Print your name
	Pain in calves when walking Phlebitis		Itching		have reviewed the information
	Blood clots		Enlarged or painful lymph nodes		•
	Any other disease or disorder of the		Cyst	pro	ovided by the patient.
_	heart or blood vessels		Tumor		
	1011 01 01004 100000		Skin cancer	Ph	ysician Signature & Date