

Review of Systems

Please circle any of the following conditions you are currently experiencing.

Allergic or immunological problems such as hives, itchy eyes or wheezing;
Cardiovascular problems such as chest pain or palpitations;
Constitutional problems such as weight loss, weight gain, night sweats, fevers, fatigue;
Ear, nose mouth or throat complaints;
Eye problems such as vision changes or dry eyes;
Endocrine problems such as diabetes or thyroid related complaints;
Gastrointestinal problems, such as abdominal pain;
Genitourinary problems such as pain with urination;
Hematologic/lymphatic problems, such as swollen glands or abnormal bleeding;
Musculoskeletal complaints such as joint pain or swelling of hands or feet;
Neurological problems such as headache;
Psychiatric problems such as depression;
Respiratory problems such as difficulty breathing;

Skin problems (other than those above), such as changing lesions, dry skin, irritated lesions, oily skin.