

Infectious Disease Specialists
of North Alabama

NAME: _____ DATE: _____

DOB: _____

REVIEW OF SYSTEMS	YES	NO	FAMILY	REVIEW OF SYSTEMS	YES	NO	FAMILY
CONSTITUTIONAL				INFECTIOUS DISEASE			
Chills				Gonorrhea			
Fatigue				Hepatitis			
Fever				HIV/AIDS			
Weight Loss				Syphilis			
EYES				Tuberculosis			
Glasses/Contacts				GASTROINTESTINAL			
Eye Pain				Heartburn/Reflux			
Double Vision				Nausea/Vomiting			
Cataracts				Abdominal Pain			
Glaucoma				Constipation			
EAR/NOSE/THROAT				Diarrhea			
Difficulty Hearing				Black or Bloody stool			
Ringing in ears				RESPIRATORY			
Vertigo				Cough			
Sinusitis				Coughing Blood			
Difficulty Swallowing				Wheezing			
Frequent Sore Throat				PSYCHIATRIC			
CARDIOVASCULAR				Anxiety/Depression			
Palpitations				Mood Swings			
Chest Pain				Difficulty Sleeping			
Dizziness/Fainting spells				MUSCULOSKELETAL			
Shortness of Breath				Back Pain			
Difficulty lying flat				Joint Pain/Swelling			
Leg/Ankle Swelling				Stiffness			
Heart Disease				Muscle Pain			
ENDOCRINE				Skin			
Diabetes				Rash Sores			
Thyroid Problems				Lesions			
Heat/Cold intolerance				Itching/Burning			
Hair Loss				NEUROLOGICAL			
HEMATOLOGICAL				Headaches			
Blood Transfusion				Loss of Strength			
Clotting Disorder				Numbness			
CANCER				Memory Loss			
What kind?				Seizures			