REVIEW OF SYSTEMS

Do you have or have you recently had any of the problems or symptoms below? (check those that apply)

Abdominal pain___
Heartburn or indigestion___
Poor appetite___
Abdominal bloating___
Trouble swallowing___
Change in shape or form of your stool___
Sense of incomplete emptying of bowels___
Frequent straining with bowel movements___
Trouble controlling stool___

Rectal bleeding___
Hemorrhoids___
Black stool___
Nausea___
Vomiting___
Constipation___
Diarrhea___
Blood in stool___

General

Weight loss___
Weight gain___
Fever___
Fatigue___

Eyes

Blurred vision___
Eye pain___
Eye drainage___

Ears / Nose / Throat

Hearing loss___
Ear pain___
Ringing in your ears___
Hoarseness___
Sore throat___
Frequent nose bleeds___
Frequent mouth ulcers___

Heart

Chest pain___
Palpitations___
Swelling in feet or ankles___

Lungs

Chronic cough___
Shortness of breath___
Wheezing___

Urinary

Pain with urination___
Blood in urine___
Trouble controlling urine___
Frequent urinary tract infections___
Getting up frequently at night to urinate___

Skin

Rash___
Itching___
Atypical moles___
Yellowing of skin___

Joints

Joint pain or swelling___
Muscle pain of stiffness___
Back pain___

Blood

Easy bruising
Abnormal bleeding
History of anemia

Endocrine

Hair loss___
Excessive sweating___
Heat / Cold intolerance___
Enlarging hands or feet__

Neurologic

Frequent headaches___
Seizure___
Tremor___
Memory loss___

Allergies

Seasonal allergies___
Food allergies___

Psychiatric

Anxiety___
Depression___