REVIEW OF SYSTEMS

INSTRUCTIONS: PLEASE CHECK ANY SYMPTOMS THAT APPLY TO PATIENT

PATIENT NAME: | **DATE OF BIRTH:**

GENERAL:

◯WEIGHT LOSS ◯WEIGHT GAIN
◯FATIGUE ◯FEVER
◯CHILLS ◯SWEATS
◯ANOREXIA

NOSE/ SINUSES:

◯RUNNY NOSE ◯STUFFINESS
◯DISCHARGE ◯EPISTAXIS (NOSE BLEEDS)
◯HAY FEVER ◯ FREQUENT COLDS

SKIN:

◯RASH/HIVES ◯PRURITUS (ITCHING)
◯SORES ◯EASY BRUISING

ENDOCRINE:

◯EXCESSIVE SWEATING ◯TREMOR
◯HOT/COLD INTOLERANCE ◯GOITER

RESPIRATORY:

◯ HEMOPTYSIS(BLOOD FROM LUNGS) ◯COUGH
◯SPUTUM (COLOR, QUANTITY) ◯WHEEZING
◯SHORTNESS OF BREATH ◯EMPHYSEMA
◯BRONCHITIS ◯PNEUMONIA
◯TUBERCULOSIS ◯PLEURISY
◯LAST CHEST XRAY_____ ◯ASTHMA

GI:

◯CHANGE IN APPETITE ◯VOMITING
◯DIFFICULTY SWALLOWING ◯HEARTBURN
◯ABDOMINAL PAIN ◯INDIGESTION
◯MELENA (DARK STOOLS) ◯HEMORRHOIDS
◯HEMATEMESIS(VOMITING BLOOD) ◯NAUSEA
◯HEMATOCHEZIA (BLOODY STOOLS)

HEAD:

◯HEADACHE ◯ HEAD INJURY
◯DIZZINESS ◯SYNCOPE (LIGHT HEADED)
◯VERTIGO (SPINNING)

MS:

◯JOINT PAIN ◯ SWELLING
◯REDNESS ◯STIFFNESS
◯HISTORY OF ARTHRITIS

EARS:

◯HEARING LOSS ◯TINNITUS (RINGING)
◯DISCHARGE ◯ PRURITIS (ITCHY EARS)

CARDIO:

◯CHEST PAIN ◯ PALPITATIONS
◯HEART MURMUR ◯RHEUMATIC FEVER

MOUTH/THROAT

◯SORES ◯HOARSENESS ◯DRY MOUTH

NECK

◯PAIN ◯SWOLLEN GLANDS ◯CHANGE IN VOICE

NEUROLOGIC:

◯SYNCOPE ◯DIZZINESS
◯SEIZURES ◯VERTIGO

HEMATOLOGIC:

◯ANEMIA ◯PAST TRANFUSIONS_____
◯IV DRUG USE _____

PSYCHIATRIC:

◯ANXIETY ◯PANIC EPISODES
◯CHANGE IN MEMORY ◯ DEPRESSION

GU:

◯DYSURIA (DIFFICULTY/ PAIN URINATION)
◯HEMATURIA (BLOOD IN URINE)
◯POLYURIA (EXCESS URINE)

LIST OF MEDICATIONS:

_____
_____
_____

FOLLOW UP VISIT ONLY:

◯ NO SYMPTOMS

FEMALE PATIENTS ONLY:

DATE OF LAST MENSTRUAL CYCLE:_____

_____ PATIENT/GUARANTOR'S SIGNATURE

Allergy Consultants
Robert Schramm, M.D

_____ DATE