

## Review of Systems : Please bring to your physical

**NAME:** \_\_\_\_\_

Are you currently experiencing (please circle):

**General:** weight gain, weight loss, difficulty sleeping, fatigue, difficulty concentrating, loss of pleasure in previously fun activities, anxiety, depression

**ENT:** headaches, dizziness, vision problems, sinus drainage, allergies, ear pain, decreased hearing, ringing in the ears, hoarseness

**Neck:** stiffness or pain

**Respiratory:** cough, wheezing, shortness of breath, coughing up blood

**Cardiac:** chest pain, palpitations, swelling in ankles, shortness of breath while lying down, shortness of breath with exertion

**Endocrine:** cold intolerance, hair loss, increased thirst

**Gastrointestinal:** change in bowel movements, blood in stool, black stools, heartburn, diarrhea, constipation, trouble swallowing, nausea, vomiting

**Hematologic:** easy bruising, easy bleeding

**Neurologic:** tremor, numbness, tingling, muscle weakness, memory loss, fainting

**Musculoskeletal:** back pain, leg cramps at night, leg cramps with walking, significant pain from arthritis

**Skin:** new rashes, worrisome new moles

**Urinary:** urinary infection, kidney stones, leaking urine, blood in urine, urinating frequently

**Women only:** cramps, hot flashes, dryness, heavy bleeding, breast lumps

**Men only:** difficulty starting stream, difficulty with erection, urinating more than twice at night