**PATIENT HISTORY FORM – REVIEW OF SYSTEMS**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HEIGHT \_\_\_\_\_\_\_\_\_ FEET\_\_\_\_\_\_\_\_\_ INCHES WEIGHT \_\_\_\_\_\_\_\_\_\_\_\_ LBS

**UROLOGY** **ENT**

FREQUENT URINATION □ YES □ NO DIFFICULTY SWALLOWING □ YES □ NO

URGENT NEED TO URINATE □ YES □ NO SORE THROAT □ YES □ NO

PAIN WITH URINATION □ YES □ NO COUGH □ YES □ NO

NIGHTTIME URINATION □ YES □ NO SINUS PROBLEMS □ YES □ NO

DIFFICULTY STARTING URINARY STREAM □ YES □ NO HEARING LOSS / DIFFICULTY HEARING □ YES □ NO

LEAKAGE OR DRIBBLING □ YES □ NO NOSE BLEEDS □ YES □ NO

REDUCED FLOW □ YES □ NO TINNITIS (RINGING IN EAR) □ YES □ NO

BLOOD IN URINE □ YES □ NO

STRAINING TO URINATE □ YES □ NO **GASTROENTEROLOGY**

PELVIC PAIN □ YES □ NO ADOMINAL PAIN □ YES □ NO

IRREGULAR PERIODS □ YES □ NO CONSTIPATION □ YES □ NO

POST MENOPAUSAL □ YES □ NO NAUSEA / VOMITING □ YES □ NO

DATE OF LAST MENSTRUAL PERIOD \_\_\_\_ / \_\_\_\_ / \_\_\_\_ HEARTBURN / INDIGESTION □ YES □ NO

CURRENTLY ON HORMONE REPLACEMENT ? □ YES □ NO DIARRHEA □ YES □ NO IF YES, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BLOOD IN STOOL □ YES □ NO

**MALE REPRODUCTIVE**

DIFFICULTY WITH ERECTION □ YES □ NO **HEMATOLOGIC / LYMPHATIC**

DIFFICULTY WITH EJACULATION □ YES □ NO BRUSIES EASILY □ YES □ NO

DIMINISHED SEXUAL DRIVE □ YES □ NO SWOLLEN LYMPH NODES □ YES □ NO

BLOOD CLOTTING PROBLEM □ YES □ NO

**CARDIOLOGY**  LOSS OF APPETITE □ YES □ NO

SWELLING OF ANKLES □ YES □ NO

SHORTNESS OF BREATH □ YES □ NO **MUSCULOSKELETAL**

CHEST PAIN WITH EXERTION □ YES □ NO FRACTURE □ YES □ NO

DIZZINESS □ YES □ NO BACK PAIN □ YES □ NO

IRREGULAR HEARTBEAT □ YES □ NO MUSCLE WEAKNESS □ YES □ NO

PALPITATIONS □ YES □ NO JOINT SWELLING, STIFFNESS, PAIN □ YES □ NO

**DERMATOLOGY** **NEUROLOGY**

SCARS □ YES □ NO INSOMNIA □ YES □ NO

RASH □ YES □ NO DIZZINESS □ YES □ NO

DRY OR SENSITIVE SKIN □ YES □ NO WEAKNESS □ YES □ NO

HIVES □ YES □ NO HEADACHE □ YES □ NO

ACNE □ YES □ NO NUMBNESS / TINGLING □ YES □ NO

SKIN CANCER □ YES □ NO SEIZURES / CONVULSIONS □ YES □ NO

LEG WEAKNESS □ YES □ NO

**ENDOCRINOLOGY**

FATIGUE □ YES □ NO **OPTHAMOLOGY**

EXCESSIVE THIRST □ YES □ NO BLURRING OF VISION □ YES □ NO

EXCESSIVE URINATION □ YES □ NO EYE IRRITATION / PAIN □ YES □ NO

COLD INTOLERANCE □ YES □ NO LOSS OF VISION □ YES □ NO

HOT FLASHES □ YES □ NO SPOTS IN VISION □ YES □ NO

WEIGHT GAIN □ YES □ NO

WEIGHT LOSS □ YES □ NO **RESPIRATORY**

FEVER □ YES □ NO SHORTNESS OF BREATH □ YES □ NO

CHILLS □ YES □ NO NEED FOR HOME OXYGEN □ YES □ NO

WEAKNESS □ YES □ NO COUGH □ YES □ NO

OTHER : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_