

Review of Systems

Please mark any of the problems below if you experience them frequently.

- | | | |
|---|--|---|
| <input type="checkbox"/> fever | <input type="checkbox"/> nausea | <input type="checkbox"/> weakness in legs or feet |
| <input type="checkbox"/> chills | <input type="checkbox"/> vomiting | <input type="checkbox"/> need to use cane |
| <input type="checkbox"/> sweats | <input type="checkbox"/> stomach ulcers | <input type="checkbox"/> need to use walker |
| <input type="checkbox"/> fatigue | <input type="checkbox"/> constipation | <input type="checkbox"/> need to use wheelchair |
| <input type="checkbox"/> weight loss _____ # | <input type="checkbox"/> diarrhea | <input type="checkbox"/> unsteady while walking |
| <input type="checkbox"/> weight gain _____ # | <input type="checkbox"/> blood in stools | <input type="checkbox"/> swelling in legs or feet |
| <input type="checkbox"/> stroke | <input type="checkbox"/> Hepatitis A B C D | <input type="checkbox"/> cramping in legs or feet |
| <input type="checkbox"/> seizures | <input type="checkbox"/> jaundice | <input type="checkbox"/> open sores on legs or feet |
| <input type="checkbox"/> passing out | <input type="checkbox"/> gall stones | <input type="checkbox"/> change in color of legs or feet |
| <input type="checkbox"/> headaches | <input type="checkbox"/> pain with urination | <input type="checkbox"/> change in color of toes or nails |
| <input type="checkbox"/> dizziness | <input type="checkbox"/> blood in urine | <input type="checkbox"/> phlebitis |
| <input type="checkbox"/> head injury | <input type="checkbox"/> puss in urine | <input type="checkbox"/> blood clots |
| <input type="checkbox"/> blurry vision | <input type="checkbox"/> more frequent urination | <input type="checkbox"/> injury to legs |
| <input type="checkbox"/> glaucoma | <input type="checkbox"/> more urgent urination | <input type="checkbox"/> joint stiffness |
| <input type="checkbox"/> cataracts | <input type="checkbox"/> urinate after going to | <input type="checkbox"/> joint swelling |
| <input type="checkbox"/> bleeding behind eye | sleep _____ times | <input type="checkbox"/> low back pain |
| last eye exam _____ | <input type="checkbox"/> renal failure | <input type="checkbox"/> gout |
| <input type="checkbox"/> sinus infections | <input type="checkbox"/> dialysis heme/per | <input type="checkbox"/> new lumps on feet or legs |
| <input type="checkbox"/> neck pain | <input type="checkbox"/> sexually transmitted dz | <input type="checkbox"/> change in appearance of toes |
| <input type="checkbox"/> neck stiffness | <input type="checkbox"/> bladder infection | <input type="checkbox"/> change in appearance of feet |
| <input type="checkbox"/> neck injury | <input type="checkbox"/> diabetes _____ years | <input type="checkbox"/> change in appearance of legs |
| <input type="checkbox"/> chest pain | _____ years on Insulin | |
| <input type="checkbox"/> difficulty breathing | average sugar _____ | |
| <input type="checkbox"/> irregular heart beat | test _____ times per day | |
| <input type="checkbox"/> heart murmur | <input type="checkbox"/> pancreatitis | |
| <input type="checkbox"/> heart valve disease | <input type="checkbox"/> thyroid disorder | |
| <input type="checkbox"/> heart attack | <input type="checkbox"/> bruise easily | |
| <input type="checkbox"/> high blood pressure | <input type="checkbox"/> prolonged bleeding | |
| <input type="checkbox"/> need to sleep propped on | <input type="checkbox"/> sickle cell disease | |
| pillows for breathing | <input type="checkbox"/> blood transfusion | |
| # of pillows _____ | _____ year | |
| <input type="checkbox"/> asthma | <input type="checkbox"/> cold hands or feet | |
| <input type="checkbox"/> emphysema | <input type="checkbox"/> burning feet or toes | |
| <input type="checkbox"/> bronchitis | <input type="checkbox"/> pins & needles in feet | |
| <input type="checkbox"/> pneumonia | or toes | |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> numbness in feet | |
| <input type="checkbox"/> Valley Fever | | |