

SYSTEMS REVIEW

In the left-hand column, please indicate with a (C) Conditions you have now or with a (P) the conditions you have had in the Past. If neither apply, mark (NA), don't leave any blanks.

- High Blood Pressure _____
- Dizziness/Fainting _____
- Insomnia _____
- Low Resistance _____
- Tension _____
- Confusion _____
- Fatigue _____
- Ulcers _____
- Eye/Vision Problems _____
- Ear/Hearing Problems _____
- Difficulty Breathing _____
- Heart Problems _____
- Loss of Bladder Control _____
- Loss of Bowel Control _____
- Constipation _____
- Diarrhea _____
- Digestion Problems _____
- Nausea _____
- Female Problems _____
- Prostate Problems _____
- Diabetes _____
- Hands/Feet Cold _____
- Hand Tremors _____
- Loss of Memory _____
- Nervousness _____
- Sweaty Palms _____
- Speech Difficulty _____
- Anxiety _____
- Depression _____
- Irritability _____

FOR DOCTOR'S USE ONLY

| DR. REVIEWED | SYSTEMS | SYMPTOMS |
|--------------|------------------|---|
| _____ | General | Weight changes, fatigue, anorexia, weakness, fever, chills, changes in activity |
| _____ | Skin | Rashes, eruptions, changes in warts or moles, pigmentation changes, bruising, itching, hair loss, nail changes |
| _____ | Head | Trauma, headaches, dizziness, light headedness |
| _____ | Eyes | Change in acuity of vision, use of corrective lenses, loss of vision, diplopia, photophobia, blurred vision, scotomata, pain, excessive lacrimation, redness, discharge |
| _____ | Ears | Changes in hearing, deafness, tinnitus, discharge, pain, vertigo, otitis |
| _____ | Nose | Rhinorrhea, epistaxis, allergies, airway obstruction |
| _____ | Mouth & Throat | Ulcers, tooth pain/extractions, temporomandibular joint (TMJ), pain, gum bleeding, soreness, swelling, enlarged glands, sore throat, strep throat |
| _____ | Neck | Stiffness, lumps/swelling/masses, pain |
| _____ | Lungs | Cough (productive/nonproductive), hemoptysis, dyspnea, pain with respiration, wheezing, night sweats |
| _____ | Cardiac | Palpitations, chest pain, orthopnea, paroxysmal nocturnal dyspnea, ankle swelling, syncope |
| _____ | Vascular | Raynaud's phenomenon, intermittent claudication, hypertension, rheumatic fever |
| _____ | Breasts | Self-examination frequency/results, pain, nipple discharge, lumps/masses, skin dimpling |
| _____ | Gastrointestinal | Unusual diet, dysphagia, regurgitation, dyspepsia, nausea, vomiting, belching, abdominal pain, cramps, hematemesis, stool color changes, diarrhea, constipation, change in bowel habits, jaundice, abdominal swelling |
| _____ | Genitourinary | Polyuria, nocturia, oliguria, dysuria, urgency, incontinence, urine color changes, hematuria, sexually transmitted diseases, dyspareunia, scrotal mass (male), hernia |
| _____ | Endocrine | Polydipsia, polyphagia, temperature intolerance, tremors, goiter, alopecia, hirsutism, menstruation history, pregnancy history, dysmenorrhea, premenstrual syndrome, climacteric |
| _____ | Hematopoietic | Anemia, abdominal bleeding, lymph node enlargement/pain |
| _____ | Musculoskeletal | Bone/Joint pain, swelling, joint deformity, trauma, restricted range of motion, weakness, atrophy |
| _____ | Neurological | Cranial nerve deficits, seizures, loss of consciousness, paralysis, tremors, stasis, loss of balance, numbness, paresthesia |
| _____ | Psychological | Mood swings, depression, anxiety, phobias |

ADDENDUM

Please identify all facilities/providers you have seen for these conditions and those you are currently seeing, if any, for your presenting problem(s).

PROBLEM LIST

| DR NAME/ FACILITY | PROBLEM | TYPE OF TREATMENT RECEIVED | FROM WHEN TO WHEN |
|----------------------|---------|----------------------------|----------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FOR DOCTOR'S USE ONLY

- Reviewed External H P
- Release Records H P
- Request Records H P

EXTERNAL Dx'd: _____

DISABILITIES: _____

IMPAIRMENTS: _____

ORDERS:

- Stat
- Pending Exam