

Review of Symptoms

Name: _____

Birthday: _____

Today's Date: _____

Check box if you are currently experiencing:

GENERAL:

- Fatigue
- Fevers
- Weight loss
- Weight gain

DERMATOLOGY:

- Itching
- Rashes
- Skin cancer

HEAD & EYES:

- Headaches
- Loss of vision
- Spots before eyes
- Eye Glasses

EARS:

- Hearing loss
- Ringing in Ears

NOSE/SINUSES:

- Nose Bleeds
- Postnasal drip
- Nasal Congestion

THROAT/MOUTH:

- Dentures
- Bleeding gums
- Hoarseness
- Sore throat
- Oral/Mouth ulcers

LIVER DISEASE:

- Yellowing of the skin

MUSCULOSKELETAL:

- Back Pain
- Joint Pain
- Tender, swollen, red or hot joints
- Raynaud's

CARDIOVASCULAR:

- Chest pain or discomfort
 - Dizziness
 - Heart Murmur
 - Heart Valve Disease or Endocarditis
- do you require antibiotics pre-op?
Yes or No

- High Blood Pressure
- Low Blood Pressure
- Palpitations
- Swelling of ankles

PULMONARY:

- Recent/Chronic Cough
- Coughing Blood
- Shortness of Breath
- Wheezing
- Snoring

GENITOURINARY:

- Blood in the urine
- Pain with urination
- Urinary dribbling
- Urinary frequency
- Urinary urgency
- Urinating after bedtime

Female:

- Last Period _____
of pregnancies _____
- Ectopic pregnancy
 - Heavy Periods

HEMATOLOGY:

- Blood Transfusion:
When _____
Why? _____
- Bleeding - excessive
- Bruising easy

ONCOLOGY:

- Enlarged Lymph Nodes
- Unexplained Weight Loss:
How much? _____
How Long? _____

NEUROLOGY:

- Speech Problems
- Seizure
- Confusion
- Balance Problem
- Numbness
- Paralysis
- Weakness of one side
- Fainting Spell/Near Fainting

PYSCHIATRIC:

- Anxiety
- Crying Spells
- Depressive symptoms
- Panic Attacks
- Trouble sleeping

GASTROINTESTINAL:

- Abdominal pain
- Decreased appetite
- Black/Bloody Stools
- Constipation
- Diarrhea
- Difficulty Swallowing/Choking
- Heartburn
- Excessive Gas
- Belching
- Nausea
- Vomiting
- Stool incontinence