

**REVIEW OF SYSTEMS**      *Please circle all items that you currently have or have had in the past.*

<b>Constitutional:</b>	Recent weight loss / gain	<b>Eyes/Ears:</b>	Poor vision	Hearing loss		
<b>Cardiovascular:</b>	Heart attack		Rheumatic Fever	Chest pain		
	High blood pressure		Low blood pressure	Heart murmur		
	Swelling of feet, hands, ankles		Mitral valve prolapse	High cholesterol		
<b>Respiratory:</b>	Asthma	Tuberculosis	COPD	Use of home oxygen	Sleep apnea	
<b>GI:</b>	Stomach ulcer	Heartburn	Hepatitis		Cirrhosis	
<b>Genitourinary:</b>	Renal (Kidney) disease		Dialysis			
<b>Musculoskeletal:</b>	Degenerative arthritis		Rheumatoid arthritis		Cold extremities	
	Weakness of muscles/joints		Osteoporosis / Osteopenia		Back pain	
	Fibromyalgia	Gout	Previous fractures:	_____		
<b>Skin:</b>	Psoriasis		Rash			
<b>Psychiatric:</b>	Depression	Alzheimer's	Memory loss / confusion		Chemical Dependency	
<b>Neurological:</b>	Numbness/tingling	Polio	Parkinson's Disease		Migraine headaches	
	Multiple sclerosis	Stroke	Paralysis		Cerebral palsy	
<b>Endocrine:</b>	Diabetes: Insulin dependent	or	Oral medication	or	Diet controlled	Thyroid disease
<b>Hematologic:</b>	Slow to heal after cuts		Bleeding or bruising		HIV/AIDS	
	Sickle cell anemia		History of MRSA			

**Cancer:** Type: \_\_\_\_\_

**Implantable Devices:** \_\_\_\_\_  
(like pacemaker, AICD, cochlear implant, heart valve, joint replacement)

**Other history:** \_\_\_\_\_

**MEDICATIONS: *Please list Name of ALL Medications, Dosage, and Instructions INCLUDING ALL VITAMINS, MINERALS, AND SUPPLEMENTS***

\_\_\_\_\_ **I take no medications.**

Example:      Aspirin                              81 mg                              Once a day

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