

Review of Body Systems  
(please complete this form)

Please place an "X" or "Check mark" besides those conditions which affect you...

**General**

- Fainting
- Unexpected weight loss
- Recent weight gain
- Fever or shaking chills
- Swollen glands
- Thyroid disease
- Other \_\_\_\_\_
- Severe itching
- Persistent rash
- Changing moles
- Psoriasis
- Glaucoma
- Cataracts
- Severe headaches
- Double vision
- Difficulty hearing
- Ringing in ears
- Wears hearing aid
- Wears dentures
- Loose teeth
- Removable bridge
- Bleeding gums
- Severe nosebleeds
- Frequent sore throats
- Persistent hoarseness
- Other \_\_\_\_\_

**Blood**

- Blood transfusion
- Prolonged bleeding from surgery
- Anemia in past
- Past Treatment for cancer
- Risk factors for AIDS
- Coumadin use
- Other \_\_\_\_\_

**Muscles and Joints**

- Muscles cramps
- Muscle weakness
- Arthritis or joint pains
- Frequent back pain
- Other \_\_\_\_\_

**Heart and Lungs**

- High blood pressure
- Heart attacks
- Heart murmurs
- Mitral valve prolapse
- Artificial heart valves
- Rheumatic fever as child
- Heart disease
- Irregular heart beats
- Heart pacemaker
- Chest pains
- Shortness of breath
- Frequent cough
- Productive cough
- Cough up blood
- Wheezing or asthma
- Poor circulation
- Other \_\_\_\_\_

**Neurological**

- Epilepsy
- Stroke
- Other \_\_\_\_\_

**Digestive Tract**

- Hiatal hernia
- Ulcers
- Poor appetite
- Nausea
- Vomitting
- Heartburn
- Heartburn awakens at night
- Rectal bleeding
- Black bowel movements
- Loss of bowel control
- Milk or lactose intolerance
- Gallstones
- Diabetes
- Other \_\_\_\_\_
- Liver disease or jaundice

- Ankles swelling
- Diarrhea

- Fainting spells
- High cholesterol
- Can't breath when flat
- Awaken short of breath
- Colon polyps
- Colon cancer
- Vomitting blood
- Abdominal pain

**Kidneys**

- Kidney stones
- Kidney disease
- Frequent urination
- Up nights to urinate
- Blood in urine
- Painful urination
- Slow urination

**Emotions**

- Often depressed
- cry easily
- Other \_\_\_\_\_

**Exposures to ....**

- Tuberculosis
- Rheumatic fever
- Gonorrhea
- Syphilis
- Measles
- Mumps
- Chircken pox
- Whooping cough
- Contagious disease
- Other \_\_\_\_\_

**Men Only**

- Prostate problems
- Other \_\_\_\_\_

**Women Only ....**

- Pregnant now?
- Planning pregnancy
- Nipple discharge
- Past menopause
- Painful intercourse
- Painful periods
- Change in periods
- Past endometriosis

- Sleep difficulties
- Non-period bleeding

- Other \_\_\_\_\_
- Leakage of urine
- Overly anxious
- Can't handle stress

- Vaginal discharge
- Hot flashes
- Other \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of patient or responsible party)