

Review of Systems

Please check the box if you have ever had one of the following

Allergy/ Immunology

Latex Allergy	
Metal Allergy	
Adhesive Allergy	
Food Allergy	
AIDS/HIV	
Hepatitis	
Other	

Ears, Nose, Throat

Hearing Trouble	
Dental Problems	
Other	

Hematologic

Taking Blood Thinner	
Bruises Easily	
Blood Clotting Disorder	
Other	

Cardiovascular

High Blood Pressure	
Mitral Valve Prolapse	
Cardiac Stents	
High Cholesterol	
Taking Blood Thinner	
Poor Circulation	
Raynaud's Disease	
A-Fib	
Blood Clots	
Heart Problems	
Other	

Endocrine System

Diabetes	
Thyroid Problems	
Other	

Musculoskeletal

Bone Problems	
Joint Problems	
Osteopenia	
Osteoporosis	
Swelling	
Back Problems	
Arthritis	
Other	

Eye

Vision Trouble	
Retinopathy	
Other	

Constitutional

Fatigue	
Trouble Sleeping	
Weight Gain	
Weight Loss	
Loss of Energy	
Other	

Gastrointestinal

GI Problems	
Constipation	
Acid Reflux	
Other	

Neurologic

Neuropathy	
Pain	
Weakness	
Balance Problems	
Depression	
Memory Changes	
Other	

Genitourinary

Kidney Problems	
Urinary tract infection	
Yeast infections	
Frequent Urination	
Other	

Respiratory

Asthma	
Lung Disease	
Pulmonary Embolism	
Other	

Dermatological

Toenail Problems	
New Moles or Spots	
Skin Infections	
Warts	
Calluses	
Other	

PRINT NAME:

Date: ___/___/___