

Name: \_\_\_\_\_

Date of Appt: \_\_\_\_\_

DOB: \_\_\_\_\_

## REVIEW OF SYSTEMS

### 1. CONSTITUTIONAL

Do you now have or have you recently had any of the following?  No  Yes If yes, mark all that apply.

- Chills  Night Sweats  Weight Loss  
 Fever  Weight Gain

### 2. CARDIOVASCULAR

Do you now have or have you recently had any of the following?  No  Yes If yes, mark all that apply.

- Chest Pain  Edema  
 Cold Extremity  Palpitations

### 3. RESPIRATORY

Do you now have or have you recently had any of the following?  No  Yes If yes, mark all that apply.

- Cough  Productive Cough  Wheezing  
 Coughing Up Blood  Shortness of Breath

### 4. MUSCULOSKELETAL

Do you now have or have you recently had any of the following?  No  Yes If yes, mark all that apply.

- Joint Pain  Muscle Pain/Tenderness

### 5. NEUROLOGIC

Do you now have or have you recently had any of the following?  No  Yes If yes, mark all that apply.

- Dizziness  Headache  Impaired Speech  Seizure  
 Fainting  Impaired Balance  Memory Loss

### 6. PSYCHIATRIC

Do you now have or have you recently had any of the following?  No  Yes If yes, mark all that apply.

- Depression  Insomnia

### 7. HEMATOLOGIC/LYMPHATIC

Do you now have or have you recently had any of the following?  No  Yes If yes, mark all that apply.

- Easy Bruising  Recurrent Infection  Slow Wound Healing

### 8. ALLERGY/IMMUNOLOGY

Do you now have or have you recently had any of the following?  No  Yes If yes, mark all that apply.

- Cough  Hoarseness  Throat Pain  
 Difficulty Swallowing  Shortness of Breath

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## REVIEW OF SYSTEMS (continued)

### 9. FALL RISK SCREENING

- a. Have you experienced a fall in the past 6 months?  No  Yes
- b. Do you have difficulty rising from a chair?  No  Yes
- c. Are you currently taking any of the following medicines: narcotics, high blood pressure medicines, diuretics, blood thinners, or heart medications?  No  Yes
- d. Do you experience dizziness when arising from bed or a chair?  No  Yes
- e. Do you have an uncorrected vision problem (glaucoma, cataracts, blindness in 50% of vision field)?  No  Yes