REVIEW OF SYSTEMS

Please check any of the following problems you have had in the last six months

General

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- Headaches
- Temperament
- o Change in Appetite
- Sleep Problems
- o Fatigue
- o Fever

Urology

o NONE

- o Frequency
- Dysuria (Painful Urination)
- Blood in Urine
- o Burning on Urinating
- Difficult Urinating

Hematologic

- o NONE
- o Abnormal bleeding
- o Prior Transfusion
- Easy Bruising
- o Swelling in Neck
- Platelet Disorder
- o Anemia

HEENT/NECK

o NONE

- Swollen Glands
- o Difficulty with Hearing
- Dental Infections
- o Bleeding gums
- o Dizziness
- o Change in Vision
- o Drooping Eyelids
- o Ear Pain
- o Fullness in ear
- o Ringing in Ear
- o Allergies
- Cough
- o Epistaxis (Nasal bleeding)
- Loss of Smell
- o Sinus pain/problems
- o Difficulty Swallowing
- Hoarseness
- Snoring
- o Change in voice
- Sore Throat
- $\circ \quad \textbf{Swollen lymph nodes}$
- o Bad breath/taste

Endocrine

- o NONE
- o Feels cold
- o Hair Loss
- o Low blood pressure
- o Tiredness
- o Bleeding Disorder

Cardiology

- o NONE
- High Blood Pressure
- High Cholesterol
- Chest Pain
- **Fainting**

Respiratory

- o NONE
- o Sleep Apnea
- o Coughing up blood
- o Dry Mouth
- o Shortness of breath
- > Wheezing

Gastrointestinal

- o NONE
- o Reflux
- o Pain in Stomach
- o Epigastric Pain
- Heartburn
- o Nausea
- Change in appetite
- o Diarrhea
- Constipation
- o Black Stools
- o Blood in stools

Neurological

- o NONE
- o Seizures
- o Memory Changes
- o Numbness/tingling
- Weakness
- Unbalanced walking

Musculoskeletal

- o NONE
- o Joint Swelling
- o Joint Pain
- Stiffness
- o Trauma
- o Falls