Review of Systems

Do you currently, or have you ever had any problems in the following areas: (If YES, please explain & list medications)

SYSTEM	NO	YES	?	EXPLAIN / LIST MEDICATIONS
CONSTITUTIONAL (fever, weight loss/gain)	☐	☐	☐	
INTEGUMENTARY (skin)	☐	☐	☐	
NEUROLOGICAL				
Headaches	☐	☐	☐	
Migraines	☐	☐	☐	
Seizures	☐	☐	☐	
EYES				
Loss of Vision	☐	☐	☐	
Blurred Vision	☐	☐	☐	
Distorted Vision/Halos	☐	☐	☐	
Loss of Side Vision	☐	☐	☐	
Double Vision	☐	☐	☐	
Dryness	☐	☐	☐	
Mucous Discharge	☐	☐	☐	
Redness	☐	☐	☐	
Sandy or Gritty Feeling	☐	☐	☐	
Itching	☐	☐	☐	
Burning	☐	☐	☐	
Foreign Body Sensation	☐	☐	☐	
Excess Tearing/Watering	☐	☐	☐	
Glare/Light Sensitivity	☐	☐	☐	
Eye Pain or Soreness	☐	☐	☐	
Chronic Infection of Eye or Lid	☐	☐	☐	
Sties or Chalazion	☐	☐	☐	
Flashes/Floaters in Vision	☐	☐	☐	
Tired Eyes	☐	☐	☐	
EARS, NOSE, MOUTH, THROAT				
Allergies/Hay Fever	☐	☐	☐	
Sinus Congestion	☐	☐	☐	
Runny Nose	☐	☐	☐	
Post-Nasal Drip	☐	☐	☐	
Chronic Cough	☐	☐	☐	
Dry Throat/Mouth	☐	☐	☐	
RESPIRATORY				
Asthma	☐	☐	☐	
Chronic Bronchitis	☐	☐	☐	
Emphysema	☐	☐	☐	
VASCULAR / CARDIOVASCULAR				
Diabetes	☐	☐	☐	
Heart Pain	☐	☐	☐	
High Blood Pressure	☐	☐	☐	
Vascular Disease	☐	☐	☐	
GASTROINTESTINAL				
Diarrhea	☐	☐	☐	
Constipation	☐	☐	☐	
GENITOURINARY (genitals/kidney/bladder)	☐	☐	☐	
BONES / JOINTS / MUSCLES				
Rheumatoid Arthritis	☐	☐	☐	
Muscle Pain	☐	☐	☐	
Joint Pain	☐	☐	☐	
LYMPHATIC / HEMATOLOGIC				
Anemia	☐	☐	☐	
Bleeding Problems	☐	☐	☐	
ENDOCRINE (thyroid/other glands)	☐	☐	☐	
ALLERGIC / IMMUNOLOGIC	☐	☐	☐	
PSYCHIATRIC	☐	☐	☐	

Doctor's Signature _____ Date _____