**REVIEW OF SYSTEMS:**

Are you now experiencing any of the following? (CIRCLE)

**GENERAL:**

Changes in Appetite Chills Fatigue Fever

Headache Dizziness Sleep Disturbance Weight Gain

Weight Loss Drug Abuse Alcohol Abuse

**ALLERGY/IMMUNOLOGY:**

Blistering of Skin Congestion Cough Hives

Itching of Skin Rash Sneezing Watery Eyes

Wheezing

**ENDOCRINE:**

Cold Intolerance Excessive Sweating Excessive Thirst Weakness

Frequent Urination Heat Intolerance Irregular Menses

**CARDIOVASCULAR:**

Chest Pain at Rest Chest Pain w/exertion Cyanosis Difficulty Lying Flat

Difficulty Breathing Swelling of Legs Irregular Heartbeat Palpitations

Shortness of Breath

**GASTROINTESTINAL:**

Abdominal Pain Blood in Stool Change in Bowel Habits Constipation

Decreased Appetite Diarrhea Difficulty Swallowing Heartburn

Spitting up Blood Nausea Rectal Bleeding Vomiting

**WOMEN ONLY:**

Breast Lump/Pain Irregular Menses Missed Periods

Vaginal Bleeding/Discharge

**MUSCULOSKELETAL:**

Joint Stiffness Leg Cramps Muscle Aches Painful Joint

Sciatica Swollen Joints

**NEUROLOGICAL:**

Difficulty Balancing Problems with Coordination

Gait Abnormality Irritability Loss of Strength Low Back Pain

Memory Loss Seizures Tics Tingling/Numbness

Loss of Vision Tremor Fainting