

Review Of Systems

Allergic/Immunologic

None Y N
 allergies (environmental)
 immune deficiency

Cardiovascular

None Y N
 chest pain
 dyspnea with exercise
 irregular heart beat
 hypertension
 palpitations
 peripheral edema

Constitutional

None Y N
 fatigue
 fever
 loss of appetite
 night sweats
 weight loss

ENMT

None Y N
 difficulty swallowing
 hearing loss
 hoarseness
 sore throat

Gastrointestinal

None Y N
 abdominal pain
 abdominal swelling
 black tarry stools
 bloating/gas
 blood in stools
 change in bowel habits
 constipation
 diarrhea
 difficulty swallowing
 hemorrhoids
 indigestion/heartburn
 lack of appetite
 mucus in stool
 nausea
 rectal bleeding
 stomach cramps
 vomiting

Endocrine

None Y N
 excessive thirst
 thyroid

Eyes

None Y N
 cataracts
 glaucoma

Genitourinary

None Y N
 frequent urinary infections
 frequent urination
 incontinence
 Hemodialysis

Hematologic/Lymphatic

None Y N
 clotting disorder
 easy bruising
 prolonged bleeding
 anemia
 Hepatitis

Integumentary

None Y N
 hives
 itching
 jaundice
 rashes

Musculoskeletal

None Y N
 arthritis
 back pain
 joint pain
 stiffness
 muscle pain

Neurological

None Y N
 Alzheimer's
 dizziness
 seizures
 stroke
 tremors

Psychiatric

None Y N
 anxiety
 bipolar
 depression
 difficulty sleeping
 inability to concentrate
 nervousness
 panic attacks
 schizophrenia
 suicidal thoughts

Respiratory

None Y N
 asthma
 cough
 shortness of breath
 sleep apnea
 wheezing

Pharmacy

Name _____ Address _____ Phone _____

Consent to Import Medication History

I consent to obtaining a history of my medications purchased at pharmacies.

Yes No

Reminder Preference

I would like to receive preventive care and follow up care reminders.