

REVIEW OF SYSTEMS

NAME: _____

DOB.: _____

Do you currently have any problems in the following areas? (If YES, please provide details.)	YES	NO	DETAILS			
EYES (Poor vision, eye pain, tearing, redness, etc.)						
GENERAL/CONSTITUTIONAL (fever, heat stroke, weight loss, weight gain, unusually tired)						
EARS, NOSE, THROAT (hard of hearing, stuffy nose, earache, cough, dry mouth, etc.)						
CARDIOVASCULAR (High BP, racing/slow pulse, etc.)						
RESPIRATORY (congestion, wheezing, shortness of breath, etc.)						
GASTROINTESTINAL (upset stomach, diarrhea, constipation, hernia, ulcers, etc.)						
GENITAL, KIDNEY, BLADDER (painful urination, frequent urination, impotence, yellow jaundice, etc.)						
MUSCLES, BONES, JOINTS (joint pain, stiffness, swelling, cramps, arthritis, etc.)						
SKIN (pimples, warts, growths, rash etc.)						
NEUROLOGICAL (numbness, headache, seizures, paralysis, etc.)						
PSYCHIATRIC (anxiety, depression, insomnia, etc.)						
ENDOCRINE (diabetes, hypo/hyper thyroid, etc.)						
BLOOD / LYMPH (bleeding, anemia, high cholesterol, items related to blood transfusions)						
ALLERGIC/IMMUNOLOGIC: (sneezing, hives, swelling, redness, itching, lupus, etc.)						
FEMALES: Are you pregnant? Nursing?						
OTHER:						
FAMILY HISTORY (Parent, Grandparent, Sibling, Children)	YES	NO	Family Member?	YES	NO	Family Member?
Blindness				Hypertension		
Droopy Lids				Heart Disease		
Crossed Eyes				Stroke		
Cataracts				Cancer		
Glaucoma				Thyroid Disease		
Diabetes				Arthritis		
ARMD				Other inheritable disease(s):		
SOCIAL HISTORY	YES	NO		YES	NO	
Does your vision limit any activities of daily living? (driving, reading, sports, work, etc.)						
Have you ever had a blood transfusion?						
Do you drink alcohol?			If YES, average drink _____ day _____ week _____ year.			
Do you smoke?			If YES, packs _____ day _____ week. How many years?			
What is your occupation?						
ROS, FAMILY AND/OR SOCIAL HISTORY updated on:						
Date:	Initial:	Indicate - Parital or Full Update		Date:	Initial:	Indicate - Parital or Full Update