

SARASOTA NEUROLOGY, PA

NAME _____ DATE _____

REVIEW OF SYSTEMS

CONSTITUTIONAL SYMPTOMS

- Recent Weight Change No Yes
- Fever No Yes
- Headaches No Yes

EYES

- Eye Injury No Yes
- Contact Lenses No Yes
- Blurred or Double Vision No Yes
- Glaucoma No Yes

EARS/NOSE/MOUTH/THROAT

- Hearing Loss/Ringing No Yes
- Earaches No Yes
- Chronic Sinus Problems No Yes
- Swollen Glands in Neck No Yes

CARDIAC

- Pacemaker No Yes
- Chest Pain No Yes
- Heart Attack No Yes
- Swelling in Hands/Feet No Yes
- Cold Extremities No Yes

LUNGS

- Frequent Coughs No Yes
- Shortness of Breath No Yes
- Asthma/Wheezing No Yes

GASTROINTESTINAL

- Loss of Appetite No Yes
- Nausea or Vomiting No Yes
- Blood in Stool No Yes
- Heartburn or Stomach Ulcers No Yes

KIDNEYS

- Frequent Urination No Yes
- Blood in Urine No Yes
- Poor Bladder Control No Yes
- Kidney Stones No Yes
- Male – Erection Trouble No Yes

SKIN

- Rash or Itching No Yes
- Change in Skin or Hair No Yes
- Varicose Veins No Yes

MUSCULOSKELETAL

- Joint Pain, Stiffness or Swelling No Yes
- Muscle Weakness No Yes
- Muscle Pain or Cramps No Yes
- Back or Neck Pain No Yes
- Cold Extremities No Yes
- Difficulty Walking No Yes

NEUROLOGICAL

- Recurring Headaches No Yes
- Dizziness No Yes
- Seizures No Yes
- Numbness/Tingling No Yes
- Tremors No Yes
- Paralysis No Yes
- Stroke No Yes
- Walking Difficulty No Yes
- Memory Loss No Yes
- Insomnia No Yes

PSYCHIATRIC

- Depression No Yes
- Manic Depression No Yes
- Nervousness No Yes
- Confusion No Yes

ENDOCRINE

- Thyroid Disease No Yes
- Diabetes No Yes
- High Cholesterol No Yes

HEMATOLOGY

- Easy Bleeding/Bruising No Yes
- Anemia No Yes
- Phlebitis/Blood Clot No Yes
- Past Transfusion No Yes

ALLERGIES

- Penicillin/Other Antibiotics No Yes
- Sulfa No Yes
- Morphine, Demerol, Narcotics No Yes
- Asprin/Anti-inflammatories No Yes
- Novocaine/Anesthetics No Yes
- Tetanus or Other Serums No Yes
- Iodine/Contrast Dye No Yes
- Other _____ No Yes