

Review of Systems

Have you recently had or do you now have any of the following symptoms:

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|---|---|
| <input type="checkbox"/> Change of vision | <input type="checkbox"/> Stomach pain |
| <input type="checkbox"/> Loss of hearing | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Ear pain | <input type="checkbox"/> Stool incontinence |
| <input type="checkbox"/> Hoarseness | <input type="checkbox"/> Frequent loose stool |
| <input type="checkbox"/> Nose bleeds | <input type="checkbox"/> bloody stools |
| <input type="checkbox"/> Difficulty swallowing | <input type="checkbox"/> Frequent constipation |
| <input type="checkbox"/> Morning cough | <input type="checkbox"/> Hemorrhoids |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Frequent urination |
| <input type="checkbox"/> Chills or fever | <input type="checkbox"/> Burning with urination |
| <input type="checkbox"/> Heart or chest pain | <input type="checkbox"/> Urinary incontinence |
| <input type="checkbox"/> Abnormal heartbeat | <input type="checkbox"/> Difficulty starting urination |
| <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> Difficulty stopping urination |
| <input type="checkbox"/> Badly swollen ankles | <input type="checkbox"/> Getting up at night to urinate |
| <input type="checkbox"/> Leg cramps when walking | <input type="checkbox"/> Frequent rash |
| <input type="checkbox"/> Poor appetite | <input type="checkbox"/> Hot or cold spells |
| <input type="checkbox"/> Toothache | <input type="checkbox"/> Recent weight change |
| <input type="checkbox"/> Nausea or vomiting | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Poor sleep due to pain | <input type="checkbox"/> Breast lump |
| <input type="checkbox"/> Poor sleep unrelated to pain | <input type="checkbox"/> Nipple discharge |
| <input type="checkbox"/> Other (Specify) _____ | |

Women Only

- Irregular periods Unusual vaginal discharge Frequent Spotting