MEDICAL REVIEW OF SYSTEMS

General
- € Fever
- € Chills
- € Headache
- € Weight loss

Eyes
- € Blurred Vision
- € Double vision
- € Vision loss

Ears, nose, mouth & throat
- € Hearing loss
- € Ringing in ears
- € Nose bleeds
- € Bleeding gums
- € Difficulty swallowing
- € Sore throat

Respiratory
- € Shortness of breath
- € Difficulty breathing
- € Cough

Cardiovascular
- € Chest pain
- € Irregular heart beat
- € High/low blood pressure

Gastrointestinal
- € Nausea
- € Vomiting
- € Abdominal pain
- € Diarrhea
- € Constipation

Genitourinary
- € Blood in urine
- € Frequent urination
- € Painful urination
- € Incontinence

Skin/Muscles
- € Rashes
- € Easy bruising
- € Muscle pain
- € Muscle weakness

Allergies
- € No known drug allergies
- € _____

Surgery
- € Tonsillectomy
- € Appendectomy
- € Gallbladder
- € Hysterectomy
- € _____

Medications
- € _____
- € _____
- € _____
- € _____

Past medical history
- € Hypertension
- € Diabetes Mellitus
- € Asthma
- € Other: _____

_____ _____

Signature of Patient, Parent, Guardian, or Personal Representative Date