

Review of Systems	Do you have	If Yes, Explain	
Skin	Rashes, bumps, lumps, open sores, wounds	Yes	No
Head/Eyes/Ears/ Nose/Throat	Failing eyesight, falls, seizures, vertigo, blackouts, hoarseness, nasal congestion	Yes	No
Lungs	Unexpected breathlessness, wheezing (day or night), blood in sputum or chronic cough	Yes	No
Heart	Chest pain, irregular heart beat, pacemaker	Yes	No
Bowels	Blood in stool, change in bowel habits, worrisome indigestion or abdominal pain	Yes	No
Bladder/Kidney	Trouble urinating, infections, blood in urine	Yes	No
Emotional	Any mental health problems, depression or suicidal tendency	Yes	No
Musculoskeletal	Arthritis, fractures injuries, muscle weakness or cramping	Yes	No

For Office Use Only Reviewed/Updated	_____ / ____ / ____ ; _____ / ____ / ____ ; _____ / ____ / ____ ; _____
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