ADVANCED SURGICAL ASSOCIATES

REVIEW OF SYSTEMS

PLEASE MARK YES OR NO

GENERAL:

FATIGUE	☐Yes ☐No
FEVER	☐Yes ☐No
CHILLS	☐Yes ☐No
HEADACHE	☐Yes ☐No
WEIGHT LOSS	☐Yes ☐No
WEIGHT GAIN	☐Yes ☐No

ENT:

CHANGES IN HEARING	☐Yes ☐No
CHRONIC SINUS ISSUES	☐Yes ☐No
THROAT PAIN/SWELLING	☐Yes ☐No

CARDIOVASCULAR:

CHEST PAIN AT REST	☐Yes ☐No
CHEST PAIN W/EXERTION	☐Yes ☐No
ARRHYTHMIA	☐Yes ☐No
PALPITATIONS	☐Yes ☐No
HIGH BLOOD PRESSURE	☐Yes ☐No
SWELLING OF ANKLES	☐Yes ☐No

RESPIRATORY:

COUGH	☐Yes ☐No
SHORTNESS OF BREATH	☐Yes ☐No
WHEEZING	☐Yes ☐No

GENITOURINARY:

BLOOD IN URINE	☐Yes ☐No
FREQUENT URINATION	☐Yes ☐No
PAINFUL URINATION	☐Yes ☐No

MUSCULOSKELETAL:

PAINFUL JOINTS	☐Yes ☐No
SWOLLEN JOINTS	☐Yes ☐No

ENDOCRINE:

DIABETES	☐Yes ☐No
THYROID DISEASE	☐Yes ☐No

NEUROLOGIC:

WEAKNESS	☐Yes ☐No
DIZZINESS	☐Yes ☐No
NUMBNESS	☐Yes ☐No
GAIT ABNORMALITY	☐Yes ☐No

HEM/LYMPH:

EASY BRUISING/BLEEDING	☐Yes ☐No
ANEMIA	☐Yes ☐No
SWELLING	☐Yes ☐No

SKIN:

RASH	☐Yes ☐No
SKIN LESION	☐Yes ☐No
SKIN OOZING	☐Yes ☐No

OPTICAL:

BLURRED VISION	☐Yes ☐No
DISCHARGE	☐Yes ☐No
REDNESS	☐Yes ☐No
PAIN	☐Yes ☐No

GASTROINTESTINAL:

ABDOMINAL PAIN	☐Yes ☐No
NAUSEA	☐Yes ☐No
DIARRHEA	☐Yes ☐No
VOMITTING	☐Yes ☐No
CONSTIPATION	☐Yes ☐No
RECTAL BLEEDING	☐Yes ☐No
RECTAL PAIN	☐Yes ☐No
BLOATING	☐Yes ☐No

OTHER SYSTEM COMPLAINTS: