

**Review of Systems:**

**Do you CURRENTLY have? (IF YES, CHECK OFF APPROPRIATE CIRCLES)**

**GENERAL**

- Fatigue
- Fever
- Weight Gain > 10 pounds
- Weight Loss > 10 pounds

**SKIN**

- Rash
- Skin Cancer

**HEAD, EYES, EARS**

- Double Vision
- Decreased Hearing
- Ear Ache
- Ear Ringing

**GASTROINTESTINAL**

- Abdominal Pain
- Constipation
- Diarrhea
- Nausea
- Vomiting
- Food Sensitivities
- Heartburn/GERD

**ILLNESSES**

Check off the illnesses you have HAD in the past or HAVE now.

<b>Had</b>	<b>Have</b>
_____	_____ Alcoholism
_____	_____ Allergies
_____	_____ Arteriosclerosis
_____	_____ Cancer
_____	_____ Diabetes
_____	_____ Epilepsy
_____	_____ Glaucoma
_____	_____ Heart Disease
_____	_____ Hepatitis
_____	_____ HIV/AIDS
_____	_____ Multiple Sclerosis
_____	_____ Rheumatic Fever
_____	_____ Stroke
_____	_____ Ulcer
_____	_____ Other _____

**GENITOURINARY**

- Painful Urination
- Increased Frequency
- Kidney Stones
- Incontinence
- Bowel or Bladder Impairment

**MUSCULOSKELETAL**

- Joint Pain
- Joint Swelling
- Joint Stiffness
- Muscle Aches/Pains
- Osteoporosis

**NEUROLOGICAL**

- Dizziness/Vertigo
- Headaches
- Numbness/Tingling
- Passing out/Fainting
- Seizures

**PSYCHIATRIC**

- Anxiety
- Change in Sleep Pattern
- Depression

**ALLERGIES**

Are you allergic to any medications?

\_\_\_ Yes \_\_\_ No

If YES, please list:

\_\_\_\_\_

\_\_\_\_\_

**OPERATIONS**

- \_\_\_\_\_ Appendix Removal
- \_\_\_\_\_ Bypass Surgery
- \_\_\_\_\_ Cancer
- \_\_\_\_\_ Cosmetic Surgery
- \_\_\_\_\_ Elective Surgery: \_\_\_\_\_
- \_\_\_\_\_ Eye Surgery
- \_\_\_\_\_ Hysterectomy
- \_\_\_\_\_ Pacemaker
- \_\_\_\_\_ Spine: \_\_\_\_\_
- \_\_\_\_\_ Tonsillectomy
- \_\_\_\_\_ Vasectomy
- \_\_\_\_\_ Other: \_\_\_\_\_

**RESPIRATORY**

- Chronic Cough
- Decreased Exercise Tolerance
- Difficulty Breathing
- Wheezing

**CARDIOVASCULAR**

- Chest Pain
- Leg Swelling
- Palpitations
- Shortness of Breath
- Low Blood Pressure
- High Blood Pressure

**ENDOCRINE**

- Appetite Changes
- Cold Intolerance
- Increased Thirst
- Increased Urination
- Thyroid Issues

**TREATMENTS**

Check the ones you've received in the PAST or are receiving CURRENTLY.

<b>Past</b>	<b>Currently</b>
_____	_____ Acupuncture
_____	_____ Antibiotics
_____	_____ Chemotherapy
_____	_____ Chiropractic Care
_____	_____ Herbs
_____	_____ Homeopathy
_____	_____ Massage Therapy
_____	_____ Physical Therapy
_____	_____ Medications

Please list below all prescription, over-the-counter, natural supplements, enzymes, vitamins, and minerals:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_