ANNUAL REVIEW OF SYSTEMS

IDAHO UROLOGIC INSTITUTE

SURGERY CENTER OF IDAHO

Name: _____ DOB___/____/___ Today's Date___/____/____

Recent Procedures:_____

New Medical Problems: _____

Review of Systems ***Please check any current problems / symptoms within the last 30 days***

General ☐ **NO PROBLEMS**	☐appetite change ☐fever ☐chills ☐fatigue ☐weight loss _____ ☐weight gain _____ ☐hot flashes	**Genitourinary** ☐ **NO PROBLEMS**	☐painful urination ☐increased frequency ☐urinary urgency ☐blood in urine ☐urinary leakage ☐urinary tract infections ☐kidney stones ☐urinating at night (# of times___) ☐urinary retention
Heart ☐ **NO PROBLEMS**	☐chest pain ☐palpitations ☐fainting ☐leg swelling	**Male reproductive** ☐ **NO PROBLEMS**	☐testicular pain ☐swelling ☐sexual dysfunction Number of children_____
Lungs ☐ **NO PROBLEMS**	☐cough ☐shortness of breath ☐recent cold ☐wheezing ☐Sleep Apnea CPAP	**Female reproductive** ☐ **NO PROBLEMS**	☐pelvic pain ☐menopause ☐painful intercourse ☐Last menstrual period_____ ☐Currently pregnant Number of pregnancies_____
Gastrointestinal (GI) ☐ **NO PROBLEMS**	☐abdominal pain ☐nausea & vomiting ☐diarrhea ☐constipation ☐black stools ☐blood in stool	**Musculoskeletal** ☐ **NO PROBLEMS**	☐numbness / tingling ☐muscle cramps ☐weakness ☐bone pain
Eyes Ears Nose Mouth ☐ **NO PROBLEMS**	☐vision change ☐dizziness ☐ringing in the ear ☐hoarseness	**Nervous / Psychiatric** ☐ **NO PROBLEMS**	☐headaches ☐memory loss ☐paralysis ☐anxiety ☐depression
Skin ☐ **NO PROBLEMS**	☐itching ☐rash ☐open wound/poor healing	**Hematologic/Infectious** ☐ **NO PROBLEMS**	☐bruising ☐easy bleeding ☐recurrent infections ☐C Diff Date:_____ ☐MRSA Date:_____
Breast ☐ **NO PROBLEMS**	☐breast mass ☐breast tenderness		