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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 |