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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***

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| --- | --- | --- | --- |
| **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 dysfunctionNumber 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 pregnantNumber 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  |