****

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** | ☐fever  ☐lethargy  ☐weight loss \_\_\_\_\_  ☐weight gain \_\_\_\_\_  ☐weakness | **Genitourinary**  **☐ NO PROBLEMS** | ☐painful urination  ☐increased frequency  ☐urinary urgency  ☐blood in urine  ☐incontinence accidents \_\_\_\_\_\_\_\_  ☐urinary tract infections  ☐kidney stones |
| **Heart**  **☐ NO PROBLEMS** | ☐chest pain  ☐fainting | **Male reproductive**  **☐ NO PROBLEMS** | ☐testicular pain  ☐swelling |
| **Lungs**  **☐ NO PROBLEMS** | ☐cough  ☐shortness of breath  ☐recent cold  ☐wheezing  ☐asthma | **Female reproductive**  **☐ NO PROBLEMS** | ☐Last menstrual period\_\_\_\_\_  ☐Currently pregnant  Number of pregnancies\_\_\_\_\_\_\_ |
| **Gastrointestinal (GI)**  **☐ NO PROBLEMS** | ☐abdominal pain  ☐nausea & vomiting  ☐diarrhea  ☐constipation | **Nervous / Psychiatric**  **☐ NO PROBLEMS** | ☐headaches  ☐depression  ☐ anxiety |
| **Eyes Ears Nose Mouth**  **☐ NO PROBLEMS** | ☐vision change  ☐dizziness | **Hematologic/Infectious**  **☐ NO PROBLEMS** | ☐easy bleeding  ☐C Diff Date:\_\_\_\_\_\_\_\_\_\_  ☐MRSA Date:\_\_\_\_\_\_\_\_\_\_ |
| **Skin**  **☐ NO PROBLEMS** | ☐itching  ☐rash  ☐open wound/poor healing |  |  |