****

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** | ☐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 pregnantNumber 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  |  |  |