

PATIENT NAME: _____ DATE: _____

REVIEW OF SYSTEMS

DO YOU HAVE OR HAVE YOU EVER HAD ANY OF THE FOLLOWING? Please check If Yes

	YES		YES
WOUNDS		MUSCULOSKELETAL	
History of MRSA	()	Stiff or painful muscles or joints	()
Open or infected wound	()	Joints ever swollen	()
SKIN	()	Pain in the back	()
Eczema	()	Muscle weakness or disease	()
Hives	()	Arthritis	()
Rash needing treatment	()	NEUROLOGICAL	
Unexplained itching	()	Epilepsy or seizures	()
HEAD-EYES-EARS-NOSE-MOUTH		Stroke	()
A head injury	()	Frequent headaches	()
Difficulty Seeing	()	Dizziness	()
Glaucoma	()	PSYCHIATRIC	
Cataracts	()	Hospitalized for nervous disorder	()
Loss of hearing	()	Tension/Anxiety/Depressive Disorder	()
Loss of smell	()	Bipolar disorder (Manic/Depressive)	()
Mouth sores	()	Schizophrenia	()
CARDIOVASCULAR		ENDOCRINE	
High blood pressure	()	Thyroid Disease	()
A thumping or racing heart	()	Diabetes requiring insulin	()
Chest pains or tightness with exertion (walking, climbing stairs)	()	Diabetes requiring pills	()
Waking up at night short of breath	()	BLOOD / LYMPHATIC	
Swollen feet or ankles	()	Anemia	()
Leg cramps or leg discomfort with walking	()	The need for blood transfusions	()
Heart murmur	()	A tendency to bleed easily when cut	()
Artificial heart valve	()	A blood clotting disorder	()
An infection of a heart valve	()	Are you known to be HIV(AIDS Antibody) positive?	()
Heart Attack	()	Swelling of any lymph glands	()
Pacemaker	()	CONSTITUTIONAL SYMPTOMS	
RESPIRATORY		Fever	()
Wheezing	()	Night sweats	()
Coughing up blood	()	Recent Weight Change loss or Gain	()
Asthma	()	Fatigue or General Weakness	()
Chronic bronchitis	()	Insomnia	()
Emphysema	()	FOR MEN ONLY	
Tuberculosis	()	A weak or very slow urine stream	()
Sleep Apnea	()	Prostate trouble	()
GASTROINTESTINAL		Discharge from your penis	()
Hepatitis (Liver infection) Type A,B,C	()	Swelling or lumps in your testicles	()
Yellow jaundice	()	Painful testicles	()
Cirrhosis (scarring of liver)	()	FOR WOMEN ONLY	
Liver disease	()	Excessive bleeding with your periods	()
Stomach Ulcers	()	Bleeding between your periods	()
Heartburn	()	Lumps in your breasts	()
Problems swallowing food	()	Cancer in the female organs	()
Disease of the pancreas including Pancreatitis	()	Do you think you may be pregnant?	()
Rectal bleeding or blood in stool	()	Are you menopausal	()
Change in bowels	()	When was your last menstrual cycle?	_____

NONE OF THE ABOVE APPLY()

DOCTORS INITIALS: _____

****ON THE DAY OF SURGERY CHANGES: