Review Of Symptoms

NAME:_____ **DOB:** _____

EYES	**YES**	**NO**
Previous Surgery	☐	☐
Contact Lens	☐	☐
Pain	☐	☐
Double Vision	☐	☐
Glaucoma	☐	☐
Cataracts	☐	☐
Macular Degeneration	☐	☐
Dry Eyes	☐	☐
Flashes	☐	☐
Floaters	☐	☐

Ear, Nose, and Throat	**YES**	**NO**
Hard of Hearing	☐	☐
Ringing in Ears	☐	☐
Vertigo	☐	☐

Cardiovascular	**YES**	**NO**
Chest Pain	☐	☐
Dizziness	☐	☐
Fainting Spells	☐	☐
Shortness of Breath	☐	☐
Irregular Heart Beat	☐	☐
Difficulty Lying Flat	☐	☐

Constitutional	**YES**	**NO**
Fatigue/Weakness	☐	☐
Fever	☐	☐
Weight Gain/ Loss	☐	☐

Respiratory	**YES**	**NO**
Cough	☐	☐
Congestion	☐	☐
Wheezing	☐	☐
Asthma	☐	☐

Gastrointestinal	**YES**	**NO**
Heartburn	☐	☐
Nausea/Vomiting	☐	☐
Jaundice/Hepatitis	☐	☐

Genito-Urinary	**YES**	**NO**
Pain/Difficulty	☐	☐
Blood in Urine	☐	☐
History of Kidney Stones	☐	☐
History of STD'S	☐	☐

Psychiatric	**YES**	**NO**
Anxiety/Depression	☐	☐
Mood Swings	☐	☐
Difficulty Sleeping	☐	☐

Endocrine	**YES**	**NO**
Increased Thirst	☐	☐
Increased Hunger	☐	☐
Increased Urination	☐	☐
Increased Sweating	☐	☐
Fingernail Changes	☐	☐

Blood/Lymphnodes	**YES**	**NO**
Easy Bruising	☐	☐
Gums Bleed Easily	☐	☐
Prolonged Bleeding	☐	☐
Heavy Aspirin Use	☐	☐

MusculoSkeletal	**YES**	**NO**
Stiffness	☐	☐
Arthritis	☐	☐
Joint Pain/Swelling	☐	☐

Skin	**YES**	**NO**
Rash/Sores	☐	☐
Lesions	☐	☐
Hives/Eczema	☐	☐

Neurological	**YES**	**NO**
Seizures	☐	☐
Weakness/Paralysis	☐	☐
Numbness	☐	☐
Tremors	☐	☐

Immunologic	**YES**	**NO**
Hives	☐	☐
Itching	☐	☐
Runny Nose	☐	☐
Sinus Pressure	☐	☐