

Patient Name: Robert Plock Date: 5/8/2013



PAT1000042410ROS

Review of Systems: If you have any of the following, Please Place Mark inside Circles

Constitutional

- ☒ Weight Loss/Gain
- ☒ Weakness
- ☒ Fatigue
- ☐ Fever

Eyes

- ☐ Glasses or Contacts
- ☒ Blurred Vision
- ☐ Glaucoma
- ☐ Cataracts
- ☐ Excessive Tearing

Ear Nose Mouth Throat:

- ☐ Ears Ringing
- ☒ Earaches - Fluid
- ☐ Hearing Aid
- ☐ Frequent Colds
- ☐ Nasal Discharge
- ☒ Hay Fever
- ☒ Nosebleeds - Recent
- ☐ Dentures
- ☐ Bleeding Gums
- ☒ Frequent Sore throats - Recent

Endocrine

- ☐ Thyroid Trouble
- ☐ Excessive Sweating
- ☐ Excessive thirst

Cardiovascular

- ☐ High Blood Pressure
- ☐ Chest Pain
- ☐ Rheumatic Fever
- ☐ Palpitations
- ☐ Has Pacemaker

Skin

- ☒ Rashes *Right Hand*
- ☐ Sores
- ☐ Lumps
- ☒ Dryness
- ☒ Itching

Neurological

- ☒ Headache *Comes & Goes Arms*
- ☐ Dizziness
- ☐ Seizures
- ☒ Loss of Sensation
- ☐ Vertigo

Gastrointestinal

- ☐ Heart Burn
- ☐ Rectal Bleeding
- ☐ Abdominal Pain
- ☐ Gallbladder trouble
- ☐ Hepatitis

Immunologic

- ☐ Reactions to Drugs
- ☒ Skin Rashes
- ☐ Reactions to Foods

Musculoskeletal

- ☒ Joint Pain
- ☐ Arthritis
- ☒ Muscular Weakness
- ☒ Stiffness
- ☒ Muscular Pain

Blood or Lymph

- ☐ Anemia
- ☐ Easy Bruising
- ☐ Easy Bleeding
- ☐ Swollen Glands

Respiratory

- ☐ Shortness of Breath
- ☐ Cough
- ☐ Wheezing
- ☐ Asthma
- ☐ Bronchitis

Genitourinary

- ☐ Blood in Urine
- ☐ Urinary Infections
- ☐ Kidney Stones
- ☐ Burning Urination
- ☐ Sexual Disease

Psychological

- ☐ Nervousness
- ☐ Depression
- ☐ Mood Changes