

Patient:

DOB:

MARY MARGARET HILLSTRAND DNP, ANP

Date:

REVIEW OF SYSTEMS

Do you smoke? Yes No

If yes, how many cigarettes per day? \_\_\_\_\_

Do you drink alcohol? Yes No

If yes, how many glasses per day? Wine \_\_\_\_\_ Beer \_\_\_\_\_ Hard Liquor \_\_\_\_\_

<i>Constitutional</i>	Please ✓	
	Yes	No
Chills		
Weakness		
Fatigue		
Weight Gain		
Fever		
Weight Loss		
<b>Head</b>		
Head Injury		
Headaches		
Pain		
<b>Eyes</b>		
Blurry vision		
Eye Pain		
Pain with Light		
Vision Loss		
Cataracts		
Glaucoma		
Recent Injury		
Double vision		
Infections		
Unusual Sensations		
<b>ENT</b>		
<b>Nose</b>		
Frequent Colds		
Sinus Infections		
Hay Fever		
Infections		
<b>Ears</b>		
Dizziness		
Ringing in Ears		
Hearing Impairment		
Infections		
<b>Throat/Neck</b>		
Tenderness		
Difficulty Swallowing		
<b>Respiratory</b>		
Asthma		
Coughing Blood		
Recent Chest X-Ray		
Tuberculosis		
Cough		
Pain		
Short of Breath		
Wheezing		
Positive TB Test		
Sputum		
<b>Cardiovascular</b>		
Chest Pain		
Heart Murmur		
Recent EKG		

<i>Cardiovascular Cont.</i>	Please ✓	
	Yes	No
Swelling of Legs		
Palpitations		
High Blood Pressure		
Rheumatic Fever		
Extremity(s) Cool		
History of Heart Attack		
Short of Breath - Sleeping		
<b>Gastrointestinal</b>		
Abdominal Pain		
Heartburn		
Nausea		
Constipation		
Jaundice		
Vomiting		
Diarrhea		
Decreased Appetite		
Vomiting Blood		
<b>Musculoskeletal</b>		
Arthritis		
Muscle Cramps		
Weakness		
Back Problems		
Muscle Stiffness		
Joint Stiffness		
Restricted Motion		
<b>Psychiatric</b>		
Depression		
Excessive Stress		
Mood Changes		
Behavioral Change		
Hallucinations		
Nervousness		
Disorientation		
Memory Loss		
Psychiatric Disorders		
<b>Skin</b>		
Itching		
Scars		
Hives		
Tattoos		
Rashes		
<b>Neurological</b>		
Loss of Consciousness		
Dizziness		
Headaches		
Paralysis		
Tingling		
Blackouts		
Fainting		
Memory Loss		

<i>Neurological Cont.</i>	Please ✓	
	Yes	No
Speech Disorders		
Tremors		
Burning		
Head Injury		
Numbness		
Seizures		
Strokes		
Unsteady Gait		
<b>Endocrine</b>		
Weakness		
Cold Intolerance		
Heat Intolerance		
Weight Gain		
Increased Thirst		
Weight Loss		
Fatigue		
Sweats		
<b>Hematologic/Lymph</b>		
Anemia		
Easy Bruisability		
Bleeding Easily		
Swollen Glands		
Blood Clots		
Transfusion Reaction		
<b>Allergic/Immunologic</b>		
Coughing		
Stuffy Nose		
Allergy to X-Ray Contrast		
Hives		
Wheezing		
Recurrent Infections		
Wheezing with Exercise		
<b>Urinary</b>		
Awakening to Urinate		
Excessive Urination		
Pain on Urination		
Erectile Dysfunction		
Blood in Urine		
Frequency		
Stones		
Difficulty Starting Stream		
Incontinence		
Urgency		

\*MY PRIMARY PROVIDER IS:

\_\_\_\_\_  
\*required field