

HOPE CLINIC

A Division of Developmental Vision Associates, PLLC

REVIEW OF SYSTEMS

Patient Name: _____

Date Form Completed: _____

General

- Weight loss or gain
- Fever today
- Excessive appetite or thirst
- Fatigue

Cardiovascular

- Chest pain
- Irregular heart beat
- Swelling of ankles or hands

Ears, Nose, Throat

- Earaches or drainage
- Hearing loss or injury
- Nasal congestion
- Ringing in ears
- Sore mouth or throat
- Vertigo

Eyes

- Glasses or contacts
- Pain
- Redness
- Blurry or double vision
- Glaucoma
- Cataracts
- Flashing lights

Endocrine

- Diabetes
- Pituitary Disease
- Thyroid disease (high or low)

Gastrointestinal

- Abdominal pain
- Blood in stool
- Chronic diarrhea
- Nausea
- Reflux
- Vomiting

Genitourinary

- Blood in urine
- Discharge
- Pain in urination
- Frequent bedwetting

Hematological/Lymphatic

- Bleeding disorders
- Slow healing
- Swollen glands

Musculoskeletal

- Difficulty with walking
- Joint pain or stiffness
- Muscle pain or cramps
- Frequent "growing pains"

Neurological

- Confusion
- Dizziness
- Numbness
- Severe headache
- Tingling
- Tremors

Psychiatric

- Anxiousness
- Depressed
- Unable to concentrate

Respiratory

- Cough
- Coughing up blood
- Shortness of breath
- Wheezing

Skin/Breast

- Changed birthmarks: color/size
- Breast lump
- Excessive dryness
- Rashes