<b>Review of Systems</b>		<b>Respiratory</b>	Respiratory		<b>Psychiatric</b>	
ite vie v oi bybe		Cough	$\square Y \ \square \ N$	Depression	$\square Y \ \square \ N$	
		Coughing up blood	$\square Y \ \square \ N$	Suicidal ideas	$\Box Y \ \Box \ N$	
Name		Productive Cough	$\square Y \ \square \ N$	Substance abuse	$\Box Y \ \Box \ N$	
		Wheezing	$\Box Y \Box N$	Hallucinations	$\Box Y \Box N$	
		C		Nervous/Anxious	$\Box Y \ \Box \ N$	
Date of Birth		<b>Gastrointestinal</b>		Insomnia	$\Box Y \Box N$	
		Heartburn	$\Box Y \Box N$	Memory Loss	$\Box Y \Box N$	
		Nausea	$\Box Y \Box N$	J		
Do you have any of these		Vomiting	$\Box Y \Box N$			
symptoms today?		Abdominal pain	$\Box Y \Box N$			
		Diarrhea	$\Box Y \Box N$			
Constitutional		Constipation	$\square Y \square N$			
Fever	$\Box Y \Box N$	Blood in stool	$\square Y \square N$			
Chills	$\square Y \square N$	Black stools	$\Box Y \Box N$			
Weight Loss	$\square Y \square N$	Diack stools				
Fatigue	$\square Y \square N$	<b>Genitourinary</b>				
Excessive Sweating	$\square Y \square N$	Painful urine	$\Box Y \Box N$			
Weakness	$\Box Y \Box N$	Urgency	$\Box Y \Box N$			
W CURITOSS		Frequency	$\Box Y \Box N$			
Skin		Blood in urine	$\Box Y \Box N$	<b>Medication List:</b>		
Rash	$\Box Y \Box N$	Flank pain		Wicultation List.		
Itching		Tiank pam		Name:	Dose	
ittimig		<b>Musculoskeletal</b>		Maille.	Dusc	
HENT		Muscle pain	$\Box Y \Box N$			
Headaches	$\Box Y \Box N$	Neck pain				
Hearing Loss		Back pain				
Ringing in Ears		Joint pain				
Ear pain		Falls				
Ear discharge		rans				
Nosebleeds	$\Box Y \Box N$	Endo/Hemo/Allergy	• 7			
Congestion		Easy bruising	<u>Y</u> □Y □ N			
_	$\Box Y \Box N$	•				
Wheezing Sore Throat	$\square Y \square N$	Environmental allerg	$\exists Y \square N$			
Sole Tilloat		Excessive thirst	□ I □ IN			
Evec		Nouvelogical				
Eyes Blurred Vision	$\Box Y \Box N$	<u>Neurological</u> Dizziness	$\Box Y \Box N$			
Double vision		Tingling				
Sensitive to light	$\Box Y \Box N$	Tremor				
•	$\Box Y \Box N$					
Eye Pain	$\square Y \square N$	Sensory change				
Eye Drainage	$\square Y \square N$	Speech change Focal weakness				
Eye Redness		Seizures				
Cardianagarlan			□Y □ N			
<u>Cardiovascular</u>	_W _ M	Loss of consciousnes				
Chest pain	$\Box Y \Box N$		$\Box Y \Box N$			
Palpitations Shortman of Breath	$\Box Y \Box N$					
Shortness of Breath	$\Box Y \Box N$					
Leg pain	$\Box Y \Box N$					
Sleep Apnea	$\Box Y \Box N$					