

AUSTIN SPORTS MEDICINE

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NAME _____ DATE ____/____/____ Chart# _____

REVIEW OF SYSTEMS

Please circle which applies to you and describe, or check "No problem:"

General: Recent weight changes, fever, weakness, fatigue, headaches
 No problem

Skin: Rashes, eruptions, dryness, jaundice, changes in skin/hair/nails, discoloration, swelling
 No problem

Eyes: Blurred vision, double vision, burning eyes, seeing spots
 No problem

Ears/Nose/Throat: Soreness/redness of gums, hoarseness, difficulty swallowing, head colds, nasal drainage, obstruction, sinus pain, earache, hearing loss, hearing aids
 No problem

Musculoskeletal: Joint pain, swelling, stiffness, deformity
 No problem

Pulmonary: Difficulty breathing, asthma, bronchitis, pneumonia, shortness of breath
 No problem

Neurological: Fainting, blackouts, paralysis, memory loss, dizzy spells
 No problem

Cardiovascular: Chest pain, rheumatic fever, rapid heartbeat, leg swelling, heart valve problems, varicose veins, heart attack
 No problem

Endocrine: Fatigue, hot or cold intolerance, excessive sweating, thirst, hunger
 No problem

Gastrointestinal: Decrease in appetite, nausea, vomiting, diarrhea, constipation, heartburn, hemorrhoids, reflux, blood in stools, ulcers
 No problem

Genitourinary: Urinary frequency/pain, blood in urine, difficulty voiding, incontinence
 No problem

Male: Hernia, testicular problems, penile problems, impotency, infertility
 No problem

Female: Vaginal discharge, pain, discomfort
 No problem

Hematological/Lymphatic: Anemia, easy bruising or bleeding, swollen glands
 No problem

Psychological: Nervousness, mood swings, insomnia, nightmares, depression, irritability
 No problem

Other: