Review of Body Systems Please answer all of the following: Your Name: Date:

| Do you have known cancer? Do you bruise easily? | 1. | Constitutional | | |
|--|-----|---|------------------|-----|
| Recent fevers/chills? yes no Recent or chronic lack of energy? yes no Recent or chronic lack of energy? yes no Significant loss of hearing? yes no Significant loss of hearing? yes no Loss of sense of smell? yes no Sore or irritated throat? yes no Chest palpitations? yes no Severe Chest Pains? yes no Severe Chest Pains? yes no Shortness of breath during strenuous physical activity? yes no Do you have high blood pressure? yes no Po you have high blood pressure? yes no Chronic or recent cough? yes no Chronic or recent cough? yes no Severe stomach pains? yes no Severe stomach pains? yes no Musculoskeletal Chronic or recent muscle pain? yes no Chronic or recent swelling of arms or legs? yes no Chronic or recent swelling of arms or legs? yes no Seizure activity? yes no Scizure activity? yes no Scizure activity? yes no No Seizure activity? yes no No Seizure activity? yes no Seizure activity? yes no Seizure activity? yes no New lumps under your jaw or around your neck (big lymph nodes)? yes no Do you have known cancer? yes no Do you have diabetes? yes no Are you intolerant to cold? yes no Recent onset of tremors? yes no Recent onset skin rash? yes no Pare you sensitive to light? ye | | Recent Weight Loss? | . yes | no |
| Recent or chronic lack of energy? yes no 2 Ears, Nose & Throat Ringing in ears? yes no Significant loss of hearing? yes no Loss of sense of smell? yes no Sore or irritated throat? yes no Cardiovascular Chest palpitations? yes no Severe Chest Pains? yes no Shortness of breath during strenuous physical activity? yes no Do you have high blood pressure? yes no Respiratory Shortness of breath at rest? yes no Chronic or recent cough? yes no Chronic or recent cough? yes no Severe stomach pains? yes no Chronic or recent muscle pain? yes no Chronic or recent swelling of arms or legs? yes no Chronic or recent swelling of arms or legs? yes no Chronic or recent swelling of arms or legs? yes no Chronic or recent severe headaches? yes no Seizure activity? yes no Scizure activity? yes no Chronic or recent severe headaches? yes no Do you have known cancer? yes no Do you bruise easily? yes no New lumps under your jaw or around your neck (big lymph nodes)? yes no Do you have diabetes? yes no Do you have to frequently empty your bladder at night? yes no Recent onset of tremors? yes no Recent onset of tremors? yes no Recent onset skin rash? yes no | | Recent fevers/chills? | . ves | |
| 2 Ears, Nose & Throat Ringing in ears? | • | | • | _ |
| Significant loss of hearing? yes no Loss of sense of smell? yes no Sore or irritated throat? yes no Cardiovascular Chest palpitations? yes no Severe Chest Pains? yes no Shortness of breath during strenuous physical activity? yes no Do you have high blood pressure? yes no Chronic or recent cough? yes no Chronic or recent cough? yes no Chronic or recent muscle pain? yes no Severe stomach pains? yes no Chronic or recent muscle pain? yes no Chronic or recent swelling of arms or legs? yes no Chronic or recent swelling of arms or legs? yes no Chronic or recent swelling of arms or legs? yes no Chronic or recent severe headaches? yes no Do you have known cancer? yes no Do you have known cancer? yes no Do you have diabetes? yes no Recent onset of tremors? yes no Recent onset of tremors? yes no Recent onset skin rash? yes no Are you have chronic redness? yes no Recent onset skin rash? yes no | 2. | | . , | |
| Significant loss of hearing? yes no Loss of sense of smell? yes no Sore or irritated throat? yes no Cardiovascular Chest palpitations? yes no Severe Chest Pains? yes no Shortness of breath during strenuous physical activity? yes no Do you have high blood pressure? yes no Chronic or recent cough? yes no Chronic or recent cough? yes no Chronic or recent muscle pain? yes no Severe stomach pains? yes no Chronic or recent muscle pain? yes no Chronic or recent swelling of arms or legs? yes no Chronic or recent swelling of arms or legs? yes no Chronic or recent swelling of arms or legs? yes no Chronic or recent severe headaches? yes no Do you have known cancer? yes no Do you have known cancer? yes no Do you have diabetes? yes no Recent onset of tremors? yes no Recent onset of tremors? yes no Recent onset skin rash? yes no Are you have chronic redness? yes no Recent onset skin rash? yes no | ٠ | Ringing in cars? | . ves | ло |
| Loss of sense of smell? yes no Sore or irritated throat? yes no Cardiovascular Chest palpitations? yes no Severe Chest Pains? yes no Severe Chest Pains? yes no Shortness of breath during strenuous physical activity? yes no Do you have high blood pressure? yes no Chronic or recent cough? yes no Chronic or recent cough? yes no Severe stomach pains? yes no Severe stomach pains? yes no Severe stomach pains? yes no Musculoskeletal Chronic or recent muscle pain? yes no Chronic or recent swelling of arms or legs? yes no Chronic or recent swelling of arms or legs? yes no Seizure activity? yes no Seizure activity? yes no Seizure activity? yes no Neurological Do you have known cancer? yes no New lumps under your jaw or around your neck (big lymph nodes)? yes no New lumps under your jaw or around your neck (big lymph nodes)? yes no Recent onset of tremors? yes no Recent onset skin rash? yes no Recent onset skin rash? yes no Recent onset skin rash? yes no Are you sensitive to light? | • | Significant loss of hearing? | • | |
| Sore or irritated throat? yes no Cardiovascular Chest palpitations? yes no Severe Chest Pains? yes no Shortness of breath during strenuous physical activity? yes no Do you have high blood pressure? yes no Chronic or recent cough? yes no Chronic or recent cough? yes no Severe stomach pains? yes no Severe stomach pains? yes no Chronic or recent muscle pain? yes no Chronic or recent swelling of arms or legs? yes no Chronic or recent swelling of arms or legs? yes no Seizure activity? yes no Seizure activity? yes no Chronic or recent severe headaches? yes no Chronic or recent severe headaches? yes no Do you have known cancer? yes no Do you have known cancer? yes no Chronic or recent severe headaches? yes no Do you have to frequently empty your bladder at night? yes no Recent onset of tremors? yes no Recent onset of tremors? yes no Recent onset skin rash? yes no Recent onset skin rash? yes no Recent onset skin rash? yes no Are you sensitive to light? yes no Are you sensitive to light? yes no | • | | | |
| Chest palpitations? yes no Severe Chest Pains? yes no Shortness of breath during strenuous physical activity? yes no Do you have high blood pressure? yes no Chronic or recent cough? yes no Chronic or recent cough? yes no Severe stomach pains? yes no Severe stomach pains? yes no Severe stomach pains? yes no Chronic or recent muscle pain? yes no Chronic or recent swelling of arms or legs? yes no Chronic or recent swelling of arms or legs? yes no Seizure activity? yes no Seizure activity? yes no Seizure activity? yes no Seizure activity? yes no Chronic or recent severe headaches? yes no Chronic or recent severe headaches? yes no Seizure activity? yes no New lumps under your jaw or around your neck (big lymph nodes)? yes no New lumps under your jaw or around your neck (big lymph nodes)? yes no Recent onset of tremors? yes no Recent onset skin rash? yes no Recent onset skin rash? yes no Recent onset skin rash? yes no Are you sensitive to light? yes no Are you sensitive to light? yes no | • | Sore or irritated throat? | • | • |
| Severe Chest Pains? | 3. | | , | |
| Severe Chest Pains? yes no Shortness of breath during strenuous physical activity? yes no Do you have high blood pressure? yes no Chronic or recent cough? yes no Chronic or recent cough? yes no Severe stomach pains? yes no Severe stomach pains? yes no Chronic or recent muscle pain? yes no Chronic or recent muscle pain? yes no Chronic or recent swelling of arms or legs? yes no Chronic or recent swelling of arms or legs? yes no Seizure activity? yes no Seizure activity? yes no Chronic or recent severe headaches? yes no New lumps under your jaw or around your neck (big lymph nodes)? yes no Do you have known cancer? yes no Do you have to frequently empty your bladder at night? yes no Recent onset of tremors? yes no Recent onset of tremors? yes no Recent onset skin rash? yes no Recent onset skin rash | ٠ | Chest palpitations? | yės | no |
| Shortness of breath during strenuous physical activity? yes no Do you have high blood pressure? yes no Chronic or recent cough? yes no Chronic or recent cough? yes no Severe stomach pains? yes no Chronic or recent muscle pain? yes no Chronic or recent muscle pain? yes no Chronic or recent swelling of arms or legs? yes no Chronic or recent swelling of arms or legs? yes no Chronic or recent swelling of arms or legs? yes no Seizure activity? yes no Seizure activity? yes no Chronic or recent severe headaches? yes no Seizure activity? yes no Do you have known cancer? yes no New lumps under your jaw or around your neck (big lymph nodes)? yes no Do you have diabetes? yes no Recent onset of tremors? yes no Recent onset of tremors? yes no Recent onset skin rash? yes no Recent onset skin rash? yes no Recent onset skin rash? yes no Are you sensitive to light? yes | o | Severe Chest Pains? | Yes | no |
| physical activity? yes no Do you have high blood pressure? yes no Chronics of breath at rest? yes no Chronic or recent cough? yes no Severe stomach pains? yes no Chronic or recent muscle pain? yes no Chronic or recent muscle pain? yes no Chronic or recent swelling of arms or legs? yes no Chronic or recent swelling of arms or legs? yes no Chronic or recent swelling of arms or legs? yes no Chronic or recent swelling of arms or legs? yes no Seizure activity? yes no Chronic or recent severe headaches? yes no Do you have known cancer? yes no Do you bruise easily? yes no New lumps under your jaw or around your neck (big lymph nodes)? yes no Do you have diabetes? yes no Chronic or recent severe headaches? yes no Chronic or recent severe headaches? yes no Do you have to frequently empty your bladder at night? yes no Are you intolerant to cold? yes no Recent onset of tremors? yes no Chronic skin disease? yes no Recent onset skin rash? yes no Recent onset skin rash? yes no Are you sensitive to light? yes no | • | | , - | |
| Do you have high blood pressure? yes no Respiratory Shortness of breath at rest? yes no Chronic or recent cough? yes no Severe stomach pains? yes no Chronic or recent muscle pain? yes no Chronic or recent join pain? yes no Chronic or recent swelling of arms or legs? yes no Chronic or recent swelling of arms or legs? yes no Neurological Short term memory loss? yes no Scizure activity? yes no Chronic or recent severe headaches? yes no Chronic or recent severe headaches? yes no Chronic or recent severe headaches? yes no Do you have known cancer? yes no New lumps under your jaw or around your neck (big lymph nodes)? yes no Do you have diabetes? yes no Do you have to frequently empty your bladder at night? yes no Recent onset of tremors? yes no Recent onset of tremors? yes no Recent onset skin rash? yes no Recent onset skin rash? yes no Recent onset skin rash? yes no Are you have chronic redness? yes no Are you sensitive to light? yes no | | | ` ves | no |
| Shortness of breath at rest? yes no Chronic or recent cough? yes no Severe stomach pains? yes no Severe stomach pains? yes no Chronic or recent muscle pain? yes no Chronic or recent muscle pain? yes no Chronic or recent muscle pain? yes no Chronic or recent swelling of arms or legs? yes no Chronic or recent swelling of arms or legs? yes no Neurological yes no Seizure activity? yes no Seizure activity? yes no Chronic or recent severe headaches? yes no Chronic or recent severe headaches? yes no Neurology/lymphatic/oncologic Do you have known cancer? yes no New lumps under your jaw or around your neck (big lymph nodes)? yes no Do you have diabetes? yes no Are you intolerant to cold? yes no Recent onset of tremors? yes no Neurological yes no Recent onset of tremors? yes no Recent onset of tremors? yes no Recent onset skin rash? yes no Are you sensitive to light? yes | ٠ | Do you have high blood pressure? | yes | |
| Chronic or recent cough? yes no Gastrointestinal Blood in stools? yes no Severe stomach pains? yes no Chronic or recent muscle pain? yes no Chronic or recent muscle pain? yes no Chronic or recent swelling of arms or legs? yes no Chronic or recent swelling of arms or legs? yes no Neurological Short term memory loss? yes no Seizure activity? yes no Chronic or recent severe headaches? yes no Hematology/lymphatic/oncologic Do you have known cancer? yes no Do you bruise easily? yes no New lumps under your jaw or around your neck (big lymph nodes)? yes no Do you have diabetes? yes no Do you have to frequently empty your bladder at night? yes no Recent onset of tremors? yes no Necent onset of tremors? yes no Recent onset skin rash? yes no Recent onset skin rash? yes no Recent onset skin rash? yes no Are you have chronic redness? yes no Are you sensitive to light? yes no | 4, | Respiratory | • | |
| Chronic or recent cough? yes no Gastrointestinal Blood in stools? yes no Severe stomach pains? yes no Chronic or recent muscle pain? yes no Chronic or recent muscle pain? yes no Chronic or recent swelling of arms or legs? yes no Chronic or recent swelling of arms or legs? yes no Neurological Short term memory loss? yes no Seizure activity? yes no Chronic or recent severe headaches? yes no Hematology/lymphatic/oncologic Do you have known cancer? yes no Do you bruise easily? yes no New lumps under your jaw or around your neck (big lymph nodes)? yes no Do you have diabetes? yes no Do you have to frequently empty your bladder at night? yes no Recent onset of tremors? yes no Necent onset of tremors? yes no Recent onset skin rash? yes no Recent onset skin rash? yes no Recent onset skin rash? yes no Are you have chronic redness? yes no Are you sensitive to light? yes no | • | Shortness of breath at rest? | yes | no |
| Blood in stools? | ٠ | Chronic or recent cough? | yes | no |
| Severe stomach pains? | 5. | | • | |
| 6. Musculoskeletal Chronic or recent muscle pain? yes no Chronic or recent join pain? yes no Chronic or recent swelling of arms or legs? yes no Chronic or recent swelling of arms or legs? yes no Seizure activity? yes no Seizure activity? yes no Chronic or recent severe headaches? yes no Chronic or recent severe headaches? yes no Hematology/lymphatic/oncologic Do you have known cancer? yes no New lumps under your jaw or around your neck (big lymph nodes)? yes no Do you have diabetes? yes no Do you have diabetes? yes no Are you intolerant to cold? yes no Recent onset of tremors? yes no Recent onset of tremors? yes no Recent onset of tremors? yes no Recent onset skin rash? y | ٠ | Blood in stools? | yes | no |
| Chronic or recent muscle pain? yes no Chronic or recent join pain? yes no Chronic or recent swelling of arms or legs? yes no Chronic or recent swelling of arms or legs? yes no Seizure activity? yes no Chronic or recent severe headaches? yes no Chronic or recent severe headaches? yes no Hematology/lymphatic/oncologic Do you have known cancer? yes no New lumps under your jaw or around your neck (big lymph nodes)? yes no Endocrine Do you have diabetes? yes no Do you have to frequently empty your bladder at night? yes no Recent onset of tremors? yes no Recent onset of tremors? yes no Recent onset skin rash? | • | | yes | no |
| Chronic or recent join pain? | 6. | | Ť | |
| Chronic or recent join pain? | • | Chronic or recent muscle pain? | yes | no |
| 7. Neurological Short term memory loss? | ٠ | Chronic or recent join pain? | yes | no |
| 7. Neurological Short term memory loss? | • | Chronic or recent swelling of arms or legs? | yes | no |
| Scizure activity? | 7. | | • | |
| Seizure activity? yes no Chronic or recent severe headaches? yes no Hematology/lymphatic/oncologic Do you have known cancer? yes no New lumps under your jaw or around your neck (big lymph nodes)? yes no Endocrine Do you have diabetes? yes no Do you have to frequently empty your bladder at night? yes no Recent onset of tremors? yes no Recent onset of tremors? yes no Recent onset skin rash? yes no Recent onset skin rash? yes no Eye Do you have chronic redness? yes no Are you sensitive to light? yes no | • | Short term memory loss? | yes | no |
| Chronic or recent severe headaches? yes no Hematology/lymphatic/oncologic Do you have known cancer? yes no Do you bruise easily? yes no New lumps under your jaw or around your neck (big lymph nodes)? yes no Endocrine Do you have diabetes? yes no Do you have to frequently empty your bladder at night? yes no Are you intolerant to cold? yes no Recent onset of tremors? yes no O. Integument Do you have a known chronic skin disease? yes no Recent onset skin rash? yes no Recent onset skin rash? yes no Eye Do you have chronic redness? yes no Are you sensitive to light? yes no | ۰ | | • | |
| B. Hematology/lymphatic/oncologic Do you have known cancer? Do you bruise easily? | ٠ | Chronic or recent severe headaches? | • | • |
| Do you have known cancer? Do you bruise easily? | 8. | | • | |
| Do you bruise easily? | • | | yes | no |
| New lumps under your jaw or around your neck (big lymph nodes)? | | | • | |
| New lumps under your jaw or around your neck (big lymph nodes)? | • | Do you bruise easily? | ves | nο |
| neck (big lymph nodes)? | • | New lumps under your jaw or around your | , | |
| Do you have diabetes? | | neck (big lymph nodes)? | ves | no |
| Do you have to frequently empty your bladder at night? | 9. | Endocrine | , 00 | 110 |
| Do you have to frequently empty your bladder at night? | • | Do you have diabetes? | ves | πo |
| bladder at night? | • | Do you have to frequently empty your | , | .,. |
| Are you intolerant to cold? | | | ves | no. |
| Recent onset of tremors? | • | Are you intolerant to cold? | ves | |
| O. Integument Do you have a known chronic skin disease? yes no Recent onset skin rash? | • | Recent onset of tremors? | VAC | |
| Do you have a known chronic skin disease? yes no Recent onset skin rash? | 10. | Integument |) - 3 | 110 |
| Recent onset skin rash? | ٠ | | | |
| Do you have chronic redness? | | , a series a tallown cinomic skill disease? | yes | ηQ |
| Do you have chronic redness? | | Recent onset skin rash? | | |
| Do you have chronic redness? yes no Arc you sensitive to light? yes no | 11 | | yes | no |
| Are you sensitive to light? yes no | • | Do you have chronic and and | | |
| Do your eyes hurt? yes no | | Are you reprising to 1's left | yes | ηο |
| Do your eyes hurt? ves no | | The work sensitive to right? | yes | no |
| , and a second s | | Do your eyes nur? | yeş | no |

| | | iros priis uno i | nsulin if appropriate) | |
|---|---|-------------------------------|--|--|
| Name | Dose | | Prequency | |
| | | | | |
| PAST & CURRENT ILLNE | SSES | | | |
| PREVIOUS SURGERIES | | | | |
| Makas n | yes no | Deceased "D" | Good Health Bad Healt "GH" "BH" icate cause of death | |
| ligh blood pressure? ligh cholestero!? leart Disease? overactive Thyroid? | yes no yes no yes no yes no yes no yes no | Father: | | |
| facular degeneration? Crossed eyes"? (nexplained poor vision? | res no res no res no res no | Sibling: | | |
| ersonal Habits/Social Histor regularly smoke: no yes: | ry 🗍 cigar | ettes 🗍 ci | igars [] pipes | |
| • | How ma For how | ny packs per o many years? | day? | |
| o you regularly drink alcohol o you regularly drink beer? | ? no yes; no yes; | ☐ I to 3 bott | tles/day | |
| re you married? no yes re you currently employed? | no yes | ☐ 4 or more retired | bottles/day | |
| lergies to medications? yes | no; li | st below: | | |
| | | | | |

DATE