

David Collins Horger Urology

Patient Review of Systems

Name: _____ Date of Birth: _____ Visit Date: _____

Do you now or have you ever had any problems related to the following systems?
Please check and explain all that apply.

Constitutional/General Symptoms

- Fever
- Chills
- Headache
- Recent weight gain
- Recent weight loss
- Fatigue
- Recurrent infections

Eyes

- Blurred vision
- Double vision
- Glasses/contact lenses
- Glaucoma
- Eye pain

Ear, Nose, Throat, Mouth

- Deafness/hearing aids
- Ear infection
- Sore throat
- Sinus problem
- Nose bleeds
- Hoarseness
- Dentures

Cardiovascular

- Chest pain or discomfort
- Varicose veins
- High/low blood pressure
- Swollen ankles
- Heart murmur

Allergic/Immunologic

- Hay Fever
- Drug allergies

Musculoskeletal

- Joint pain
- Neck pain
- Back pain

Skin

- Skin rash
- Boils
- Persistent itch

Neurologic

- Tremors
- Dizzy spells
- Numbness/tingling
- Stroke
- Seizure

Psychologic

- Depression
- Alcohol/drug problems
- Nervousness/anxiety attacks
- Suicidal ideation

Endocrine

- Excessive thirst
- Too hot/cold
- Tired/sluggish
- Sugar in urine
- Diabetes

Hematologic/Lymphatic

- Swollen glands/lymph nodes
- Blood clotting problem
- Easy bruising or bleeding
- Anemia

Respiratory

- Wheezing
- Frequent cough
- Shortness of breath
- Bronchitis/asthma

Gastrointestinal

- Abdominal pain
- Nausea/vomiting
- Indigestion/heartburn
- Loss of appetite
- Frequent diarrhea
- Constipation
- Blood in stool

Genitourinary

- Urine retention
- Burning or painful urination
- Urinary frequency/urgency
- Decreased force of stream
- Incontinence or dribbling
- Blood in urine (visible)
- Blood in urine on testing

Genitourinary (male)

- Sexual difficulty
- Elevated PSA
- Testicular pain

Gynecologic

- Number of pregnancies
- Number of children
- Irregular menstrual periods
- Menopause

___ ALL OTHERS NEGATIVE

MD Review: _____ Date: _____