Rapides Orthopedic Clinic

Patient Name: _____

Systems Review

When did you last have a: Chest X-Ray: _____ Bone Density Scan: _____ TB Test: _____

As you review the following list, please check any problems that you have or have had in the past:

Constitutional
( ) Recent weight gain
( ) Recent weight loss
( ) Fatigue
( ) Weakness
( ) Fever

Respiratory
( ) Shortness of breath
( ) Difficulty in breathing at night
( ) Swollen legs or feet
( ) Cough
( ) Coughing of blood
( ) Wheezing

Integumentary (skin/breast)
( ) Easily bruised
( ) Redness
( ) Rash
( ) Hives
( ) Sun sensitive (sun allergy)
( ) Tightness
( ) Nodules/bumps
( ) Hair loss
( ) Color changes in hair
( ) Ulcers

Eyes
( ) Pain
( ) Redness
( ) Loss of vision
( ) Double or blurred vision
( ) Dryness
( ) Itchy eyes

Gastrointestinal
( ) Nausea
( ) Vomiting
( ) Stomach pain relieved by food/milk
( ) Jaundice
( ) Increasing constipation
( ) Persistent diarrhea
( ) Blood in stools
( ) Heartburn

Neurological
( ) Headaches
( ) Dizziness
( ) Fainting
( ) Muscle spasms
( ) Loss of consciousness
( ) Sensitivity or pain in hands/feet
( ) Memory loss
( ) Night Sweats

Ear, Nose, Mouth & Throat
( ) Ringing in ears
( ) Difficulty/loss of hearing
( ) Nosebleeds
( ) Loss of smell
( ) Dryness in nose
( ) Runny nose
( ) Sore tongue
( ) Bleeding gums
( ) Sore in mouth
( ) Loss of taste
( ) Dryness in mouth
( ) Frequent sore throats
( ) Difficulty swallowing

Genitourinary
( ) Difficulty urinating
( ) Pain/burning during urination
( ) Blood in urine
( ) Cloudy, “smoky” urine
( ) Pus in urine
( ) Discharge from penis/vagina
( ) Get up at night to urinate
( ) Vaginal dryness
( ) Rash/ulcers
( ) Sexual difficulties
( ) Prostate trouble

Psychiatric
( ) Excessive worrying
( ) Anxiety
( ) Easily loses temper
( ) Agitation
( ) Difficulty sleeping

Cardiovascular
( ) Pain in chest
( ) Irregular heart beat
( ) High blood pressure
( ) Heart murmurs
( ) Blood clots

Musculoskeletal
( ) Morning stiffness
( ) Joint pain
( ) Muscle weakness
( ) Muscle tenderness
( ) Joint swelling

Endocrine
( ) Excessive thirst

Hematological/Lymphatic
( ) Swollen glands
( ) Tender glands
( ) Anemia
( ) Bleeding tendency
( ) Blood transfusions; When?
( ) Frequent sneezing
( ) Increased susceptibility to infection

Patient’s Name: _____ **Date:** _____ **M.D. Initials:** _____