

**GALLAGHER ORTHOPEDICS AND SPORTS MEDICINE
PATIENT REVIEW OF SYSTEMS FORM**

PATIENT NAME: _____

Do you have any of the following symptoms? Please check Yes or No on each item. If you have a symptom you think we should be aware of that is not listed, please write it on this form.

CONSTITUTIONAL:

YES	NO

- Fatigue
- Loss of Appetite
- Weight Loss/Gain
- Fever/Achiness all over
- Problems Sleeping

EYES:

YES	NO

- Blurred Vision
- Double Vision
- Contact Lenses Wearer

EARS, NOSE, MOUTH, THROAT:

YES	NO

- Difficulty Hearing
- Altered/Loss of Sense of Smell
- Difficulty Swallowing
- Sore Throat

CARDIOVASCULAR:

YES	NO

- Chest Pain
- Rapid Heart Beat at Rest
- High Cholesterol
- Heart Murmur
- Irregular Heartbeats
- Varicose Veins
- Leg Cramps at Night

RESPIRATORY:

YES	NO

- Shortness of Breath
- Frequent Cough
- Wheezing
- Sleep Apnea

GASTROINTESTINAL:

YES	NO

- Stomach pain
- Diarrhea
- Nausea/Vomiting
- Blood in Stools
- Loss of control of bowels
- Dark Black Stools

GENITOURINARY:

YES	NO

- Need to urinate often
- Blood in urine
- Painful urination

SKIN:

YES	NO

- Blisters
- Rashes
- Psoriasis
- Excessive Scarring

NEUROLOGICAL:

YES	NO

- Headaches
- Dizziness
- Numbness/Tingling
- Forgetfulness
- Fainting

PSYCHIATRIC:

YES	NO

- Depression
- Thoughts of Suicide
- Addiction Problems
- Victim of Abuse

HEMATOLOGIC:

YES	NO

- Easy Bruising
- Excessive bleeding from cut or dental work
- Anemia
- Previous Blood Transfusions

ENDOCRINE:

YES	NO

- Poor Wound Healing
- Excessive Appetite
- Hot Flashes
- Extreme Thirst

ALLERGIES:

YES	NO

- Food Allergies
- Drug Allergies or Problems with Anesthesia
- Metal Allergies
- Shellfish Allergies
- Iodine Allergy
- Latex Allergy
- Anaphylactic Reaction

To the best of my knowlege, the questions in this form have been answered accurately. I understand that providing incorrect information can be dangerous to my health. It is my responsibility to inform the doctor of any changes in my medical status.

PHYSICIAN INITIALS AND DATE: _____

PATIENT SIGNATURE AND DATE