

DFP Medical Review of Systems Form

Name: _____ DOB: _____ Today's Date: _____

Please place a check mark beside any of the following symptoms or problems if you have experienced them recently or have concerns about them. If you don't understand something, place a question mark by it. Your doctor will discuss any positive responses with you.

A. General:

- Fevers, chills or sweat
- Recent loss of appetite
- Fatigue
- Recent unexpected weight loss

B. Eyes:

- Blurred or double vision
- Eye pain or irritation
- Eye discharge
- Eye pain
- Failing vision
- Sensitivity to light

C. Ears, Nose, Throat

- Earache
- Ringing in ears
- Decreased hearing
- Difficulty swallowing
- Frequent nose bleeds
- Frequent sore throat
- Prolonged hoarseness
- Sinus trouble or congestion

D. Cardiovascular:

- Chest pain
- Fainting spells
- Palpitation (fast, irregular heart)
- Shortness of breath with exertion
- Swollen ankles

E. Respiratory:

- Chronic cough
- Chronic shortness of breath
- Chronic wheezing
- Coughing up blood
- Excessive phlegm

F. Gastrointestinal:

- Persistent nausea/vomiting
- Diarrhea
- Constipation
- Change in appearance of stool
- Chronic abdominal pain
- Bloody or very black stool
- Jaundice (yellow skin)

G. If you are a woman:

- Unusual vaginal discharge
- Loss of control of your urine
- Painful urination
- Blood in urine
- Increased frequency of urination
- Have your periods stopped?
- Do you have excessive flow, pain, or other menstrual symptoms that disrupt your life?
- Genital sores
- Nipple discharge
- Breast mass or tenderness
- Desires discussion on HIV
- Desires Hormone Replacement Therapy
- Desires Birth Control

H. If you are a man:

- Painful urination
- Blood in urine
- Increased frequency of urination
- Urinating more than twice a night
- Loss of control of your urine
- Difficulty getting or maintaining an erection
- Decreased desire for sexual intercourse
- Desires discussion on HIV

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I. Musculoskeletal:

- Back pain
- Joint pain
- Swelling in joints
- Muscle cramping
- Muscle weakness
- Muscle stiffness
- Arthritis

J. Skin:

- Skin rashes
- Itching
- Chronic dry skin
- Suspicious moles or other skin abnormalities you are concerned about

K. Neurologic:

- Headache
- Unable to move parts of your body at times
- Weakness
- Numbness/tingling sensations
- Seizures/convulsions
- Fainting spells
- Tremor/hands shaking
- Dizziness/vertigo

L. Psychological:

- Feeling depressed, sad
- Memory loss
- Difficulty concentrating
- Phobias/unexplained fears
- No pleasure in life anymore

M. Endocrine:

- Cold or heat intolerance
- Excessive appetite
- Excessive thirst and urination

- Significant weight change

N. Heme/Lymphatic:

- Excessive bruising or bleeding
- Swollen glands in neck, armpits, or groin

O. Allergic/Immunologic:

- Hives
- Hay fever
- Getting lots of infections

P. Anything else you want your doctor to be aware of?

JJ 4/7/08