



# HILL PARK MEDICAL CENTER

## REVIEW OF SYSTEMS

MEDICAL CENTER

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Y= a problem you have now      N= never had this problems      P= had it in the past but not now**

<b>Mental/Emotional</b>	<b>Y</b>	<b>N</b>	<b>P</b>
Mood Swings			
Depression			
Anxiety/Nervousness			
High Stress Level			
Memory Problems			
Considered Suicide			
Poor Concentration			
<b>Musculoskeletal</b>	<b>Y</b>	<b>N</b>	<b>P</b>
Joint Pain			
Joint Stiffness			
Back Pain			
Neck Pain			
Weakness			
Broken Bones			
Arthritis			
Sciatica			
Muscle Spasm			
<b>Endocrine</b>	<b>Y</b>	<b>N</b>	<b>P</b>
Hypothyroidism			
Hypoglycemia			
Excessive Thirst			
Fatigue			
Feel too hot			
Feel too cold			
Excessive hunger			
Seasonal Depression			
<b>Immune</b>	<b>Y</b>	<b>N</b>	<b>P</b>
Chronic Infections			
Slow Wound Healing			
Chronic Fatigue Syndrome			
Frequent Infections			

<b>Neurologic</b>	<b>Y</b>	<b>N</b>	<b>P</b>
Seizures			
Muscle Weakness			
Loss of Memory			
Dizziness			
Paralysis			
Numbness			
Tingling			
<b>Skin</b>	<b>Y</b>	<b>N</b>	<b>P</b>
Rashes			
Acne			
Boils			
Lumps			
Eczema			
Hives			
Hair Loss			
Night Sweats			
<b>Head</b>	<b>Y</b>	<b>N</b>	<b>P</b>
Headaches			
Migraines			
Head Injury			
Jaw/TMJ Pain			
<b>Eyes</b>	<b>Y</b>	<b>N</b>	<b>P</b>
Impaired Vision			
Spots in Vision			
Cataracts			
Glasses or Contacts			
Eye Pain			
Dryness			
Glaucoma			
<b>Ears</b>	<b>Y</b>	<b>N</b>	<b>P</b>
Impaired Hearing			
Earaches			

Ringing			
Dizziness			
<b>Nose and Sinus</b>	<b>Y</b>	<b>N</b>	<b>P</b>
Frequent Colds			
Stuffiness			
Sinus Pain			
Nose Bleeds			
Hayfever			
<b>Mouth and Throat</b>	<b>Y</b>	<b>N</b>	<b>P</b>
Sore Throats			
Teeth Grinding			
Gum Problems			
Dental Cavities			
Jaw Clicks			
Hoarseness			
<b>Neck</b>	<b>Y</b>	<b>N</b>	<b>P</b>
Lumps			
Goiter			
Swollen Glands			
Pain/Stiffness			
<b>Respiratory</b>	<b>Y</b>	<b>N</b>	<b>P</b>
Cough			
Spitting up Blood			
Asthma			
Pneumonia			
Pain on breathing			
Tuberculosis			
Difficulty Breathing			
Bronchitis			
<b>Blood Vessels</b>	<b>Y</b>	<b>N</b>	<b>P</b>
Easy Bleeding/Bruising			
Deep Leg Pain			
Varicose Veins			