System Review

Name				
Constitutional:	□ Fever	Weight Loss	Anorexia	Severe Fatigue
EENT:	□ Thyroid	🗆 Iritis	🗆 Conjunctivitis 🗆 Oral	Ulcers
Cardiopulmonary:	Dyspnea	□ Cough	Hemoptysis	□ Chest pain
Gastrointestinal:	□ Abdominal P	ain 🗆 Bloo	d in Stool	□ Ulcers
	□ Nausea/ Vom	iting	iges in Bowel Habits	
Genitourinary:	□ Frequency	Burning	🗆 Hematuria	Hesitancy
	□ Menses	Sexual Dysfu	inction	
Psyche:	□ Depressive	\Box Anxious	□ Passive	□ Obsessive
Surgery:				
Fracture:				
Allergies:				
Accidents:				
		Lifestyle	e Issues	
Smoking: \Box No	\Box Yes How lo	ong	How many packs/day	
Past Smoking His	-			
How long did you	smoke, from age	to		
How many years si	nce you quit	Hov	w many packs per day	
	NT		1 • 1 1 /	
Alcohol:	\Box No \Box Yes	How m	any drinks per day/year	
Substance Abuse				
Substance Abuse Have you ever been treated for substance abuse? □ No □Yes, for what substance				
Have you ever been	h treated for subs	aance abuse?	\square Yes, for what suc	
Exercise				
How many days per week What activities How many years				
now many days pe	1 WCCK W	hat activities		
Sleep				
-	er night If you	awaken at night a	about how many times	
Stress	er ingitt _ir you?	awaken at ingit a	bout now many times	
	e nersonal stress	How we	ould you rate job stress	
Nutrition	e personal succes	110 w we	<i>you rule job stress</i>	
	lieting: 🗆 No	□ Yes How m	uch coffee/tea/soda do y	ou drink
	1000000000000000000000000000000000000		uen concercer soua do y	
How much water d	o vou drink	ח	o you sweat easy: □ No	□ Ves
now much water u	5 you urmk	D	o you sweat easy. □ 110	
Are there any prob	lems with your d	iet if ves why		
r in a more uny probl	ienno mini your u	,		