Jones Eye Care and Surgery, Inc. Review of Systems Form

Name ____________________ Date ____________

DO YOU HAVE ANY OF THE FOLLOWING ON A DAILY BASIS? (Please circle “Y” or “N”)

GENERAL / CONSTITUTIONAL

Fatigue	Y	N
Malaise	Y	N
Chills	Y	N
Fever	Y	N
Night Sweats	Y	N
Appetite Changes	Y	N
Weight Changes	Y	N

HEENT

Head Injury	Y	N
Decreased Hearing	Y	N
Tinnitus	Y	N
Earache	Y	N
Hay Fever	Y	N
Sinus Pain	Y	N
Stuffiness	Y	N
Discharge	Y	N
Dry Mouth	Y	N
Sore Throat	Y	N
Dentures	Y	N
Difficulty Swallowing	Y	N

Other ____________________

CARDIOVASCULAR

Angina	Y	N
Heart Attack	Y	N
High Cholesterol	Y	N
High Blood Pressure	Y	N
Low Blood Pressure	Y	N
Murmur	Y	N
Thrombophlebitis	Y	N
Varicose Veins	Y	N

Other ____________________

RESPIRATORY

COPD	Y	N
Wheezing	Y	N
Cough	Y	N
Hemoptysis	Y	N
Asthma	Y	N
Tuberculosis	Y	N
Shortness of Breath	Y	N

Other ____________________

GASTROINTESTINAL

Diarrhea	Y	N
Constipation	Y	N
Stool Changes	Y	N
Hemorrhoids	Y	N
Indigestion	Y	N
Difficulty Swallowing	Y	N
Nausea/Vomiting	Y	N

GENITOURINARY

Blood	Y	N
BPH	Y	N
Difficult Urination	Y	N
Enlarged Prostate	Y	N
Increased Frequency	Y	N
Frequent UTI’s	Y	N
Incontinence	Y	N
Kidney Stones	Y	N

DERMATOLOGICAL

Rash	Y	N
Lump	Y	N
Itching	Y	N
Dryness	Y	N

Other ____________________

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Name ____ Date ____________________

DO YOU HAVE ANY OF THE FOLLOWING ON A DAILY BASIS? (Please circle "Y" or "N")

(OVER)

MUSCULOSKELETAL

Arthritis	Y	N
Swelling	Y	N
Stiffness	Y	N
Muscle Aches	Y	N
Muscle Weakness	Y	N
Leg Cramps	Y	N
Back Pain	Y	N
Joint Pain	Y	N

Other _____________________________

PSYCHIATRIC

Depression	Y	N
Nervousness	Y	N
Anxiety	Y	N
Memory Loss	Y	N
Panic Attacks	Y	N
Mania	Y	N

Other _____________________________

ENDOCRINE

Polydipsia	Y	N
Hypoglycemia	Y	N
Diabetes	Y	N
Hypothyroid	Y	N
Hyperthyroid	Y	N
Goiter	Y	N
Heat/Cold Intolerance	Y	N

Other _____________________________

HEMATOLOGIC

Ease of Bruising	Y	N
Excessive Bleeding	Y	N
Enlarged Lymph Nodes	Y	N
Anemia	Y	N

Other ________________________

NEUROLOGICAL

Alzheimer's	Y	N
Dizziness	Y	N
Headaches	Y	N
Migraines	Y	N
Multiple Sclerosis	Y	N
Neuropathy	Y	N
Paralysis	Y	N
Parkinson's Disease	Y	N
Seizures	Y	N
Stroke	Y	N
TIA	Y	N
Tremors	Y	N

Other ________________________