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Name _____

Date: _____

Review of Systems

Place **Y** (yes) or **N** (no) below

1. Cardiovascular

___ Chest pain or heaviness
___ Heart murmur

___ Leg cramps produced by walking
___ Palpitations
___ Swollen feet or ankles

2. Constitutional

___ Abnormal behavior while asleep
___ Acne
___ Bruising easily
___ Difficulty falling or staying asleep
___ Excessively tired during day

___ Flushing
___ Hair loss or growth
___ Itching/redness/rash
___ Loud snoring
___ Sweats
___ Weight gain or loss

3. Ear/Nose/Throat/Mouth

___ Bleeding gums
___ Change in voice
___ Dental problems
___ Difficulty hearing

___ Difficulty swallowing
___ Double vision
___ Ear discharge
___ Ear ringing
___ Easy bleeding of gums
___ Frequent congestion
___ Frequent headaches
___ Frequent nosebleeds
___ Hoarse voice
___ Lumps or swelling
___ Nasal discharge
___ Neck pains

4. Endocrine

___ Breast discharge
___ Vertigo
___ Breast soreness
___ Change in hand or glove size
___ Change in head or hat size
___ Cold intolerance
___ Decreased libido
___ Goiter
___ Head or neck irradiation
___ Heat intolerance
___ Height loss
___ Increased hunger
___ Increased thirst
___ Salt craving

5. Gastrointestinal

___ Black stools
___ Constipation
___ Diarrhea or blood
___ Frequent bowel movements
___ Heartburn
___ Loss of appetite
___ Stomach pain
___ Vomiting or vomiting blood
___ Yellow jaundice

6. Genitourinary

___ Changes in urinary stream
___ Frequent urination
___ Kidney stones/gravel
___ Loss of control
___ Pain on urination

Male

___ Erectile dysfunction
___ Prostate problems
___ Swelling or lumps on testicles

Female

- Age menstrual cycle started
- Age menstrual cycle stopped
- Hormone replacement therapy?
- Menstrual problems
- Pregnancies

7. Musculoskeletal

- Back pain
- Bone pain
- Muscle aches
- Muscles cramps at night
- Painful joints
- Swollen joints

8. Neurologic

- Decreased memory
- Decreased vision
- Dizzy spells
- Fainting spells
- Seizure/convulsions
- Tingling (pins/needles)
- Tremors

9. Psychiatric

- Depression
- Irritability
- Moodiness
- Nervousness
- Personality changes

10. Respiratory

- Cough
- History of tuberculosis
- Pain with breathing
- Shortness of breath
- Sleep upright or w/extra pillows
- Sputum
- Wheezing

11. Additional

12. Social History

Occupation _____

Alcohol use _____

Tobacco use _____

What year did you quit _____