Georgia Infectious Diseases, P.C.

PATIENT NAME______________________________________ DOB_______/_______/________ AGE_________________

8. REVIEW OF SYSTEMS:

DO YOU HAVE NOW OR HAVE YOU HAD ANY OF THE PROBLEMS LISTED WITHIN THE PAST YEAR:

(Please circle anything for which you have a history of)

Constitutional: weight loss/gain, fatigue, Fever, loss of appetite, shakes/sweat (alcohol/drug)

Eyes: eye pain/drainage, visual change, dry/Irritated eye

HENT: ear pain/drainage, sinus infections, hearing loss/change, nosebleeds, dizziness

Breast: masses/lumps, nipple discharge, rashes/non healing ulcers

Cardiovascular: chest pain/palpitation, heart murmur, fainting, swelling feet/legs, shortness of breath lying flat

Respiratory: blood in your sputum, wheezing, cough lasting >1 month, shortness of breath

Gastrointestinal: abdominal pain, blood in stools, nausea/vomiting, indigestion/heartburn, diarrhea, constipation, Swallowing difficulty

Genitourinary: blood in urine, menstrual changes, urinating that is painful, erection problem, vaginal discharge/bleeding

Integument: rash, itching, new lesion, discharge from skin, change in skin color

Neurological: seizure, tingling or numbness, hallucinations, coughing/choking w/swallowing, excessive daytime sleepiness, extremity pain/burning, difficulty falling asleep/staying asleep

Musculoskeletal: broken bones, joint pain/swelling, muscle aches, muscular weakness, back pain

Endocrine: excessive thirst, loss of hair, increase libido, hot/cold intolerance, hot flashes

Psychiatric: anxiety, sadness lasting days/weeks, hearing voice, thoughts of hurting yourself, fear of people/places/things

Blood-Lymph: bleeding gums/nose, unexplained bruising, night sweats, swollen painful lymph nodes

Allergic-Immunologic: watery eyes, runny nose, food intolerance, frequent skin sores

______________________________________ ______________________

Signature of Patient or parent (if minor) Date