### Review of systems:

Please mark off if you have experienced any of these symptoms in the past couple weeks:

<table>
<thead>
<tr>
<th>General</th>
<th>Eyes</th>
<th>Ears, nose, mouth, throat</th>
<th>Cardiovascular</th>
<th>Pulmonary</th>
<th>Gastrointestinal</th>
<th>Genitourinary</th>
<th>Neurological</th>
<th>Psychological</th>
<th>Sleep</th>
<th>Endocrine</th>
<th>Skin / breast</th>
<th>Musculoskeletal</th>
<th>Hematologic</th>
<th>Allergic/Immunologic</th>
</tr>
</thead>
<tbody>
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<td>□ weight gain</td>
<td>□ fevers</td>
<td>□ night sweats</td>
<td>□ fatigue</td>
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<td>□ double vision</td>
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**Cardiovascular:**

- □ shortness of breath
- □ chest pain or pressure
- □ palpitations (feeling of heart racing)
- □ passing out spells
- □ swelling in legs
- □ low blood pressure
- □ high blood pressure
- □ lightheadedness upon standing

**Pulmonary:**

- □ cough
- □ wheezing
- □ coughing up blood

**Gastrointestinal:**

- □ nausea
- □ vomiting
- □ diarrhea
- □ constipation
- □ stool incontinence

**Genitourinary:**

- □ frequent urination
- □ urgency
- □ incontinence
- □ trouble getting urine out
- □ erectile dysfunction
- □ low libido

**Neurological:**

- □ headache
- □ memory loss
- □ loss of consciousness
- □ numbness or tingling
- □ weakness
- □ muscle cramps
- □ tremor
- □ lack of coordination
- □ falls
- □ falls resulting in injury
- □ slowness of walking or movement
- □ shuffling gait
- □ stooped posture
- □ reduced armswing
- □ dragging feet
- □ muscle stiffness
- □ twitching or jerking
- □ slurred speech
- □ change in voice

**Psychological:**

- □ depression
- □ anxiety
- □ personality change
- □ auditory hallucinations
- □ paranoia
- □ agitation
- □ visual hallucinations
- □ suicidal thoughts

**Sleep:**

- □ trouble falling asleep
- □ trouble staying asleep
- □ snoring
- □ irregular breathing during sleep
- □ kicking or punching during dreams
- □ vivid dreams or nightmares
- □ restless legs
- □ sleeping too much during the day

**Endocrine:**

- □ cold intolerance
- □ heat intolerance
- □ change in size of facial features
- □ history of kidney stones
- □ irregular periods
- □ menopause
- □ change in size of breast
- □ history of breast disease

**Skin / breast:**

- □ stretch marks
- □ leaking from breasts
- □ rash
- □ joint pain
- □ joint swelling
- □ muscle pain
- □ reduced range of motion
- □ bleeding
- □ bruising
- □ use of blood thinners
- □ environmental allergies
- □ swollen lymph nodes
- □ lumps or swelling

**Verify the above is correct. Patient signature:**

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### Questions you would like to address during today’s visit:

1. 
2. 
3. 

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