

UROLOGIC SPECIALTIES, P.A.

REVIEW OF SYSTEMS

Do you now or have you had problems related to the following systems? Circle Yes or No
Please explain any Yes answers in the space provided

Constitutional symptoms

Fever Y N
Chills Y N
Headaches Y N
Other _____

Eyes

Blurred vision Y N
Double Vision Y N
Pain Y N
Other _____

Allergic/Immunologic

Hay Fever Y N
Drug Allergies Y N
Other _____

Neurological

Tremors Y N
Dizzy Spells Y N
Numbness/Tingling Y N
Other _____

Endocrine

Excessive Thirst Y N
Too Hot/Cold Y N
Tired/Sluggish Y N
Other _____

Gastrointestinal

Abdominal Pain Y N
Nausea/Vomiting Y N
Indigestion/Heartburn Y N
Other _____

Cardiovascular

Chest Pain Y N
High Blood Pressure Y N
Varicose Veins Y N
Other _____

Integumentary

Skin Rash Y N
Boils Y N
Persistent Itch Y N
Other _____

Musculoskeletal

Joint Pain Y N
Neck Pain Y N
Back Pain Y N
Other _____

Ear/Nose/Throat/Mouth

Ear Infection Y N
Sore Throat Y N
Sinus Problems Y N
Other _____

Genitourinary

Urine Retention Y N
Painful Urination Y N
Urinary Frequency Y N
Other _____

Respiratory

Wheezing Y N
Frequent Cough Y N
Shortness of Breath Y N
Other _____

Hematologic/Lymphatic

Swollen Glands Y N
Blood Clotting Problem Y N
Other _____

Psychologic

Are you satisfied with your life? Y N
Do you feel depressed? Y N
Have you considered suicide? Y N
Other _____

Physician Use only: {comments/Notes}

# Answers	Level of Service
0-1	1 or 2
2-9	3
10+	4 or 5