



REVIEW OF SYSTEMS-LAKE COOK ORTHOPEDICS

DO YOU HAVE ANY OF THE FOLLOWING SYMPTOMS? CIRCLE YES OR NO ON EACH ONE

PATIENT NAME:

PLEASE DO NOT CIRCLE YES OR NO IN GROUPS

ALLERGIC:

- 1. FREQUENT INFECTIONS
2. METAL ALLERGIES
3. SHELLFISH ALLERGIES
4. IODINE ALLERGY
5. LATEX ALLERGY
6. ANAPHYLACTIC REACTION

CARDIOVASCULAR

- 7. CHEST PAIN
8. RAPID HEART BEAT AT REST
9. ANKLE SWELLING
10. HIGH CHOLESTEROL
11. HEART MURMUR
12. IRREGULAR HEARTBEATS
13. PAIN IN CALVES WITH WALKING
14. VARICOSE VEINS
15. CALF CRAMPING AT NIGHT

CONSTITUTIONAL

- 16. FATIGUE
17. LOSS OF APPETITE
18. WEIGHT LOSS
19. FEVER
20. ACHE ALL OVER
21. SLEEP PROBLEMS

EAR, NOSE, THROAT

- 22. DIFFICULTY WITH HEARING
23. RINGING IN THE EARS
24. FREQUENT BLOODY NOSES
25. SINUS PROBLEMS
26. LOSS OF SENSE OF SMELL
27. SORES IN MOUTH
28. INFECTED TEETH
29. BLEEDING GUMS
30. HOARSENESS
31. DIFFICULTY SWALLOWING
32. SORE THROAT
33. SWOLLEN GLANDS
34. SNORING

ENDOCRINE

- 35. POOR HEALING
36. EXCESSIVE APPETITE
37. HOT FLASHES
38. EXTREME THIRST
39. EXCESSIVE HAIR GROWTH

EYES

- 40. BLURRED VISION
41. DOUBLE VISION
42. ABRUPT LOSS OF VISION
43. GLASSES

GASTROINTESTINAL

- 44. PAIN IN STOMACH
45. DIARRHEA
46. NAUSEA
47. VOMITING
48. BLOOD IN STOOLS
49. LOSS OF CONTROL OF BOWELS
50. DARK BLACK STOOLS

GENITOURINARY

- 51. IMPOTENCE
52. NEED TO URINATE OFTEN
53. VAGINAL/PENILE DISCHARGE
54. BLOOD IN URINE
55. BURNING WITH URINATION
56. LOSS OF CONTROL OF URINE

HEMATOLOGIC

- 57. EASY BRUISING
58. BLEEDING PROBLEMS
59. SICKLE CELL DISEASE
60. ANEMIA
61. PREVIOUS BLOOD TRANSFUSIONS

INTEGUMENTARY

- 62. ACNE
63. BLISTERS
64. RASHES
65. PSORIASIS
66. EXCESSIVE SCARRING
67. SHINGLES

NEUROLOGICAL

- 68. HEADACHES
69. DIZZINESS
70. NUMBNESS
71. WEAKNESS
72. FORGETFULNESS
73. FAINTING
74. TREMORS

PSYCHIATRIC

- 75. INSOMNIA
76. DEPRESSION
77. SUICIDAL
78. ADDICTION DISEASE
79. PANIC ATTACKS
80. VICTIM OF ABUSE
81. EATING DISORDER

RESPIRATORY

- 82. SHORTNESS OF BREATH
83. CHRONIC COUGH
84. COUGHING UP BLOOD
85. SLEEP APNEA
86. SHORT OF BREATH WHEN LYING FLAT

DATE:

X Patient signature

PHYSICIAN INITIALS AND DATE:

Initials signify review of the data with the patient and agreement with the data.