



# REVIEW OF SYSTEMS UPDATE

(please print)

Today's Date: \_\_\_\_\_ Orthopaedic Surgeon: \_\_\_\_\_

Patient's Name: \_\_\_\_\_  
(last) (First) (MI)

What are you being seen for today? \_\_\_\_\_

Have you had any changes in medications since your last visit:  No  Yes

Have you had any Surgeries since your last visit with us?  No  Yes

Did you experience any health problems since your last visit:  No  Yes

**REVIEW OF SYSTEMS:** Height: \_\_\_\_\_ Weight: \_\_\_\_\_

*Please circle any of the symptoms you are currently experiencing:*

**GENERAL**

- Good general health
- Chills
- Feeling tired all the time
- Dizziness
- Loss of appetite
- Fever
- Night sweats
- Weight gain of more than 10 lbs.
- Weight loss of more than 10 lbs.

**SKIN**

- No problems
- Dryness
- Excessive sweating
- Rash
- Skin color changes

**HEENT**

- Blurry vision
- Sinusitis
- Fainting
- Headache

**NECK**

- Difficulty swallowing
- Neck pain

Neck stiffness

- Swollen glands

**RESPIRATORY**

- Chest pain
- Shortness of breath
- Decreased exercise tolerance
- Chronic cough
- Wheezing

**BREAST**

- Breast mass
- Breast pain

**CARDIOVASCULAR**

- Chest pain
- Swelling in legs
- Night cramps
- Palpitations
- Phlebitis
- Skipped heartbeats

**GASTROINTESTINAL**

- Anorexia
- Constipation
- Diarrhea
- Heartburn

**MALE GENITOURINARY**

- Hesitancy
- Incontinence

**NEUROLOGICAL**

- Dizziness
- Headaches
- Incontinence – stool
- Incontinence - urine
- Loss of balance

**PSYCHIATRIC**

- Anxiety
- Change in sleep pattern
- Depression

**ENDOCRINE**

- Frequent urination
- Appetite changes
- Cold intolerance

**HEMATOLOGY**

- Anemia
- Easy bruising
- Enlarged lymph nodes
- Prolonged bleeding
- Spontaneous bleeding