

# SYSTEMS REVIEW AND HISTORIES

**Patient:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**Gender:**            Male    Female            **Hand Dominance:**        Left    Right    Ambi  
**Ethnicity** (circle one): Hispanic or Latino    Not Hispanic or Latino  
**Race** (circle one): White/Caucasian    Black    African American    American Indian    Alaska Native    Asian  
 Native Hawaiian    Other Pacific Islander    OTHER: \_\_\_\_\_  
**Preferred Language:**        English            Spanish    French        Other \_\_\_\_\_  
**Family Physician:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

## MEDICAL/SURGICAL HISTORY (Review & Mark Each)

<u>AKA R / L / Bi</u>	<u>Y</u>	<u>N</u>	<u>Fibromyalgia</u>	<u>Y</u>	<u>N</u>
<u>BKA R / L / Bi</u>	<u>Y</u>	<u>N</u>	<u>Fracture -</u>	<u>Y</u>	<u>N</u>
<u>Anemia</u>	<u>Y</u>	<u>N</u>	<u>Gangrene</u>	<u>Y</u>	<u>N</u>
<u>Angina</u>	<u>Y</u>	<u>N</u>	<u>GERD</u>	<u>Y</u>	<u>N</u>
<u>Anxiety</u>	<u>Y</u>	<u>N</u>	<u>GI bleed – Up / Low</u>	<u>Y</u>	<u>N</u>
<u>Appendectomy</u>	<u>Y</u>	<u>N</u>	<u>Hepatitis</u>	<u>Y</u>	<u>N</u>
<u>Arthritis</u>	<u>Y</u>	<u>N</u>	<u>Hypercholesterolemia</u>	<u>Y</u>	<u>N</u>
<u>Asthma</u>	<u>Y</u>	<u>N</u>	<u>Hypertension (↑ Blood Pressure)</u>	<u>Y</u>	<u>N</u>
<u>Atrial Fibrillation (A-Fib)</u>	<u>Y</u>	<u>N</u>	<u>Hyperthyroidism</u>	<u>Y</u>	<u>N</u>
<u>Alcohol Dependency Now</u>			<u>Hypothyroidism</u>	<u>Y</u>	<u>N</u>
<u>or In the Past</u>	<u>Y</u>	<u>N</u>	<u>Hysterectomy</u>	<u>Y</u>	<u>N</u>
<u>Back Pain/ Previous Back</u>			<u>Immunosuppression</u>	<u>Y</u>	<u>N</u>
<u>Injury</u>	<u>Y</u>	<u>N</u>	<u>Lyme’s Disease</u>	<u>Y</u>	<u>N</u>
<u>C / T / L Discectomy</u>	<u>Y</u>	<u>N</u>	<u>MI -</u>	<u>Y</u>	<u>N</u>
<u>C / T / L Fusion</u>	<u>Y</u>	<u>N</u>	<u>Multiple Sclerosis</u>	<u>Y</u>	<u>N</u>
<u>C / T / L Laminectomy</u>	<u>Y</u>	<u>N</u>	<u>Obesity</u>	<u>Y</u>	<u>N</u>
<u>CABG x</u>	<u>Y</u>	<u>N</u>	<u>Open Reduction Internal</u>		
<u>Coronary Artery Disease</u>	<u>Y</u>	<u>N</u>	<u>Fixation -</u>	<u>Y</u>	<u>N</u>
<u>Cancer</u>	<u>Y</u>	<u>N</u>	<u>Osteoarthritis</u>	<u>Y</u>	<u>N</u>
<u>Carotid Stent</u>	<u>Y</u>	<u>N</u>	<u>Osteoporosis</u>	<u>Y</u>	<u>N</u>
<u>Carotid Endarterectomy R / L</u>	<u>Y</u>	<u>N</u>	<u>Pacemaker Insertion</u>	<u>Y</u>	<u>N</u>
<u>Cataract Removal</u>	<u>Y</u>	<u>N</u>	<u>Parkinson’s Disease</u>	<u>Y</u>	<u>N</u>
<u>Cath-Angioplasty / Stent</u>	<u>Y</u>	<u>N</u>	<u>PEG tube insertion</u>	<u>Y</u>	<u>N</u>
<u>Cellulitis</u>	<u>Y</u>	<u>N</u>	<u>Pneumonia</u>	<u>Y</u>	<u>N</u>
<u>Congestive Heart Failure</u>	<u>Y</u>	<u>N</u>	<u>PVD</u>	<u>Y</u>	<u>N</u>
<u>Cholecystectomy</u>	<u>Y</u>	<u>N</u>	<u>Renal Calculi</u>	<u>Y</u>	<u>N</u>
<u>Chronic Obstructive</u>			<u>Renal Insufficiency</u>	<u>Y</u>	<u>N</u>
<u>Pulmonary Disease</u>	<u>Y</u>	<u>N</u>	<u>Rheumatoid Arthritis</u>	<u>Y</u>	<u>N</u>
<u>CVA / TIA</u>	<u>Y</u>	<u>N</u>	<u>Seizures</u>	<u>Y</u>	<u>N</u>
<u>Diabetes I or II (Circle)</u>	<u>Y</u>	<u>N</u>	<u>Spinal Stenosis</u>	<u>Y</u>	<u>N</u>
<u>Insulin</u>	<u>Y</u>	<u>N</u>	<u>Systemic Lupus</u>		
<u>Depression</u>	<u>Y</u>	<u>N</u>	<u>Erythematous</u>	<u>Y</u>	<u>N</u>
<u>Deep Venous Thrombosis –</u>			<u>TKR R / L / Bi</u>	<u>Y</u>	<u>N</u>
<u>RLE / LLE (Circle)</u>	<u>Y</u>	<u>N</u>	<u>THR R / L / Bi</u>	<u>Y</u>	<u>N</u>
<u>Defibrillator</u>	<u>Y</u>	<u>N</u>	<u>TURP</u>	<u>Y</u>	<u>N</u>
<u>Drug Dependency Now or</u>			<u>Valve Replacement –</u>		
<u>In the Past</u>	<u>Y</u>	<u>N</u>	<u>Mitral or Aortic</u>	<u>Y</u>	<u>N</u>
<u>End Stage Renal Disease</u>			<u>Other:</u>		
<u>(Hemodialysis)</u>	<u>Y</u>	<u>N</u>	_____		

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

**HOSPITALIZATIONS / SURGERIES / SERIOUS INJURIES**

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**SOCIAL HISTORY (Circle all that apply)**

<b>Marital Status:</b>	Single	Married	Separated	Divorced	Widowed	Life Partner
<b>Alcohol Use:</b>	Never	Rarely	Frequently	Daily	Recovery	Ounces per day _____
<b>Tobacco Use:</b>	Never	Rarely	Frequently	Daily	Former	Packs per day _____
<b>Drug Use:</b>	Never	Rarely	Frequently	Daily	Recovery	Type _____
<b>Diet:</b>	Salty	High Fat	Low Fat	Other	_____	
<b>Exposure Home/Work:</b>	Fumes	Particles	Solvents	Noise	Not Applicable	
<b>Occupation:</b> _____	<b>Current Employer Name/Address</b> _____					
<b>Exercise Routine:</b>	Never	Rarely	Frequently	Daily	_____	
<b>Sleep:</b>	Insomnia	Hours per night _____				
<b>Military:</b> _____						
<b>Education Level:</b>	Grades Completed _____		GED	College	PostCollege	Other _____
<b>Living Arrangement:</b>	Spouse	Children	Alone	Nursing Home	Ast. Living	Other _____
<b>Home:</b>	House	Apartment	Townhouse	Mobile Home	<b>Levels:</b> 1 2 3	
<b>Home Condition:</b>	Steps	Ramps	Elevator	1 <sup>st</sup> Floor Set-up		

**FAMILY MEDICAL HISTORY**

	D=Deceased L=Living	Age/Age at Death	Diseases	Cause of Death
Father				
Mother				
Siblings: Indicate Gender				
Children: Indicate Gender				
Spouse/Life Partner				

Patient: \_\_\_\_\_

DOB: \_\_\_\_\_

### REVIEW OF SYSTEMS (Review & Mark Each)

#### Constitutional

Appetite Change	Y	N
Fever	Y	N
Chills	Y	N
Overall not feeling right	Y	N
Difficulty Sleeping	Y	N
Weight Change recently	Y	N

#### Cardiovascular

Ankle Swelling	Y	N
Foot Swelling	Y	N
Chest Pain	Y	N
Shortness of breath on exertion	Y	N
Palpitations	Y	N
Fainting	Y	N

#### Pulmonary

Cough	Y	N
Shortness of Breath	Y	N
Sputum	Y	N
Wheezing	Y	N

#### Gastrointestinal

Abdominal Pain	Y	N
Bowel Incontinence	Y	N
Change in Bowel Habit	Y	N
Choking	Y	N
Constipation	Y	N
Diarrhea	Y	N
Indigestion	Y	N
Trouble Swallowing	Y	N
Vomiting	Y	N
Nausea	Y	N

#### Heme

Anemia	Y	N
Increased Bruising/ Bleeding	Y	N

#### Skin

Skin Sores	Y	N
Color Change	Y	N
Redness	Y	N
Unnatural Paleness	Y	N
Rash	Y	N
Itching	Y	N
Dryness	Y	N
Wound Drainage	Y	N

#### Endocrine

Thyroid Disease	Y	N
Diabetes I	Y	N
Diabetes II	Y	N
Insulin	Y	N

#### Psych

Anxiety	Y	N
Confusion	Y	N
Depression	Y	N
Irritability	Y	N
Impulsiveness	Y	N
Judgment Difficulty	Y	N
Memory Difficulty	Y	N
Mood Swings	Y	N

#### Eyes

Blurred Double Vision	Y	N
Field Cut R / L	Y	N
Glasses	Y	N
Vision Difficulties	Y	N

#### Genitourinary

Burning with Urination	Y	N
Difficulty Urinating	Y	N
Frequency/Urgency	Y	N
Incontinence	Y	N
Renal Dialysis	Y	N
Sexual Dysfunction	Y	N
Urinary Tract Infections	Y	N

#### Ear, Nose, Mouth, Throat

Cold Symptoms	Y	N
Dentures	Y	N
Dry Mouth	Y	N
Dizziness	Y	N
Vertigo	Y	N
Hearing Aid	Y	N
Difficulty Hearing	Y	N
Ringing in Ears	Y	N

#### Musculoskeletal

Back Pain	Y	N
Neck Pain	Y	N
Muscle Cramping	Y	N
Decreased/Limited ROM	Y	N
Joint Swelling	Y	N
Joint Stiffness	Y	N
Joint Pain	Y	N
Muscle Aches	Y	N
Muscle Weakness	Y	N
Limb Pain	Y	N
Stump Pain / Swelling	Y	N

#### Neuro

Epilepsy	Y	N
Fainting	Y	N
Frequent Falls While Walking	Y	N
Walk Abnormally	Y	N
Headache	Y	N
Difficulty with Balance	Y	N
Numbness	Y	N
Tingling	Y	N
Seizures	Y	N
Muscle Spasms	Y	N
Involuntary Muscle Contractions	Y	N
Stroke	Y	N
Trouble Walking	Y	N

#### Allergic/Immunologic

Immunosuppression	Y	N
Food Allergies	Y	N
Environmental Allergies	Y	N
Latex Allergy	Y	N

#### Drug Allergies/Adverse Reactions

Penicillin or other antibiotics	Y	N
Morphine or Demerol	Y	N
Other Narcotics	Y	N
Novocain or other anesthetics	Y	N
Aspirin or other pain remedies	Y	N
Tetanus antitoxin/other serums	Y	N
Iodine, merthiolate	Y	N
Other Antiseptics	Y	N