

Medical History and Systems Review

Patient Name					
Date					
Cardiovascular System	Yes	No	GI System	Yes	No
elevated cholesterol			difficulty swallowing		
sweating associated with pain			heartburn		
palpitations			jaundice		
swelling of extremities			food intolerance		
history of smoking			constipation		
orthopnea (difficulty breathing)			diarrhea		
			change in stool		
C.I.I. Constant	V	NI.	rectal bleeding		
G.U. System	Yes	No	gall bladder problems		
dysuria (painful urination)			liver problems		
hematuria (blood in urine)			•		
palpitations				24	
incontinence			Pulmonary System	Yes	No
frequent urination			dyspnea		
urinary urgency			wheezing		
vaginal discharge			prolonged cough		
dysmenorrhea (painful menstruation)			sputum production		
post-menopausal vaginal bleeding			if yes, amount/color		
dyspareunia (painful intercourse)					
infertility			Endooring System	Yes	Nic
hx of STD			Endocrine System	162	No
date of last period			excessive thirst		
			excessive hunger		
Neurale visal Custom	Vaa	N.a	polyuria		
Neurological System	Yes	No	excessive sweating		
ataxia (poor coordination)			fatigue		
memory lapses			weakness		
confusion			thyroid problem		
head trauma			if yes, Dx		
neurological disorder					
if yes, Dx			Other Systems	Yes	No
tremors			_	103	140
slurred speech			ear,nose,throat		
hearing/visual disturbances			skin conditions		
			lymphatic		
History of Falls	Voc	No	psychiatric		
History of Falls	Yes	No	musculoskeletal		
if yes, # of falls in past 6 months					
# of falls in past 6 months					
π or rans in past o months					