

## Nutritional History

Has there been any changes in your appetite in the past 6 months?  Yes  No

Have you gained or lost weight more than 10 lbs in 1 month without wanting to?  Yes  No

If yes, how much gain or loss? \_\_\_\_\_

Are you happy with your weight?  Yes  No

If not, are you on a diet or exercise program?  Yes  No

For women, are you taking extra calcium?  Yes  No

## REVIEW OF SYSTEMS

**Instructions: Check the box for each symptom that you have now or have had within the past three months.**

**Fill in the blank spaces.**

### General:

- weakness
- fatigue
- chills
- night sweats
- change in weight, appetite or sleeping habits

### Eyes:

- glasses or contacts
- eye pain
- blank spots in your field of vision
- double vision
- excessive tearing or discharge
- last eye exam date: \_\_\_\_\_

### Ears | Nose | Sinuses | Mouth | Throat

- loss or trouble hearing
- drainage
- ringing
- nosebleed
- frequent earaches
- blockage of nose
- post nasal drip
- sore throat
- sinus pain
- dentures
- hoarseness
- toothache
- bleeding gums
- last dental exam: \_\_\_\_\_

### Lungs:

- cough
- wheezing
- shortness of breath
- spitting up blood
- positive TB test
- last chest x-ray date: \_\_\_\_\_

### Heart:

- chest pain
- palpitations (heart pounding)
- trouble breathing at night
- ankle swelling
- fatigue easy with exercise

### Skin:

- itching
- rash
- change in color
- changes in moles, warts, birthmarks

### Breast:

- lumps in breast
- discharge from nipple
- last mammogram date: \_\_\_\_\_

### Gastrointestinal:

- vomiting
- difficulty swallowing
- indigestion or heartburn
- stomach or abdominal pain
- ulcers
- changes in bowel habits
- hemorrhoids
- blood in stools (or black stools)
- sigmoid or colonoscopy date: \_\_\_\_\_

### Musculoskeletal:

- pain
- stiffness
- weakness
- twitching
- deformity
- chronic back pain
- joint swelling
- decreased range of motion

### Vaginal and Urinary (female):

- vaginal itching or burning
- vaginal discharge
- sexual difficulties
- pain or frequent urination
- previous urinary infections
- blood in urine
- kidney stones
- kidney stones
- trouble starting stream
- incontinence (leaking)
- sexual difficulties
- last menstrual period date \_\_\_\_\_
- problems with menstrual periods \_\_\_\_\_
- last pap smear date \_\_\_\_\_
- method of contraception \_\_\_\_\_
- pregnancy number \_\_\_\_\_
- problems during pregnancy \_\_\_\_\_
- miscarriages or abortions number \_\_\_\_\_

### Genitals and Urinary (male):

- hernia
- discharge from penis
- blood in urine
- kidney stones
- pain or lump in testicles
- trouble starting stream
- pain or frequent urination
- incontinence (leaking)
- sexual difficulties
- previous urinary infections
- methods of contraception \_\_\_\_\_
- sexually transmitted diseases (examples: herpes, syphilis, chlamydia, gonorrhea, AIDS, etc.).

### Hematologic and Lymphatic:

- easy bruising or bleeding problems
- swollen lymph nodes

### Endocrine:

- excessively hot
- always thirsty
- excessively cold
- always hungry

### Nervous System:

- headaches
- numbness
- head injury
- dizziness or passing out
- seizures
- loss of coordination or balance

### Psychological:

- nervousness or anxiety
- unable to sleep
- depression
- nightmares
- memory loss