

<b>ANNUAL EXAM SYSTEM REVIEW</b>	<b>Name:</b>	<b>DOB:</b>	<b>Date:</b>
--------------------------------------	--------------	-------------	--------------

**NOTE TO THE PATIENT:** Please review each question/item below and check any items that apply to you, *identifying which items are NEW or DIFFERENT*. Please either answer yes (Y) or no (N) to all. If you have any **special or specific concerns**, please list them **here**:

System and Problem	Y/ N	How Long?	System and Problem	Y/ N	How Long?
<b>1-General:</b>			<b>8-Female genital:</b>		
Fevers or chills			Last menstrual period: _____		
Night sweats			Recent irregular or change in periods		
<b>Weight loss</b> [Unexpected]			Vaginal irritation, burning or discharge		
<b>Weight gain</b> [Unexpected]			Unexpected menstrual bleeding		
Excessive <b>fatigue</b>			Painful periods		
Excessive daytime <b>sleepiness</b>			<b>9-Musculoskeletal:</b>		
Loss of or poor appetite			<b>Joint aches or pains</b>		
Poor Sleep (falling or staying)			Joint swelling or stiffness		
<b>2-ENT</b>			Decreased joint range of motion		
Dramatic <b>changes in vision</b>			Bone pain		
Tinnitus/ringing in ears			<b>10-Skin and Breasts:</b>		
<b>Hearing loss</b>			Nipple discharge		
Nose bleeds			Non-healing sores		
Sinus pressure/pain or Ear pain			<b>Concerning moles, lumps, or growths</b>		
Sore throat			<b>Breast Lump[s]</b>		
<b>Hoarseness</b> more than 2 weeks			Concerning rash		
<b>3-Cardiovascular:</b>			<b>Breast pain</b> or tenderness		
<b>Chest pain</b> or pressure w/ exertion			<b>11-Lymphatic/Hematologic</b>		
Unusual <b>shortness of breath</b>			<b>Swollen glands</b> @ neck, armpit, groin		
<b>Palpitations</b>			Bruising concerns		
Swelling of extremities[ <b>edema</b> ]			<b>12-Neurologic:</b>		
Calf pain when walking			New or more severe <b>Headaches</b>		
<b>4-Respiratory:</b>			Fainting or lightheadedness		
<b>Persistent coughing</b> or wheezing			<b>Memory problems</b>		
Blood tinged sputum			Numbness or tingling (in hands or feet,etc)		
Pain with deep breathing			New balance problems		
<b>5-Gastrointestinal:</b>			Muscle weakness		
Frequent <b>heartburn</b>			<b>13-Psychiatric:</b>		
Pain or difficulty swallowing [dysphagia]			<b>Feeling sad, blue, irritable, angry</b>		
<b>Change in bowel habits</b>			Loss of sex drive		
Nausea or vomiting			<b>Suicidal</b> thoughts		
Increased constipation			Feeling <b>anxious</b>		
Frequent diarrhea or mucous			Preoccupations or compulsions		
<b>Blood in stool</b> or on toilet paper			Loss of ambition or motivation		
Black, tarry stools			Decrease or loss of interest in hobbies		
Indigestion or bloating problems			<b>14-Allergy and Immunologic:</b>		
Abdominal <b>pain</b>			Hay fever		
<b>6-Urinary Tract:</b>			Itchy, watery eyes or nose		
Burning or urgency of urination			Itchy or sensitive skin		
Increased urinary frequency			Persistent clear nasal/ <b>postnasal drainage</b>		
Difficulty controlling urination			Excessive or frequent infections		
Blood in urine (or change in color)			<b>15-Endocrine:</b>		
<b>7-Male genital:</b>			Markedly increased thirst		
Testicle or scrotal lumps/discomfort			Markedly increased urination		
Erectile dysfunction			Intolerance of Heat or cold		
Changes in urinary					

TSH \_\_\_      Chem 12 \_\_\_      CBC \_\_\_      Lipid \_\_\_  
 PSA \_\_\_      Micro AL \_\_\_      UA \_\_\_      U/A&CS \_\_\_  
 Testosterone \_\_\_      ESR \_\_\_      A1C \_\_\_      Vit D \_\_\_  
 Vit B 12 \_\_\_      Glucose \_\_\_      Uric Acid \_\_\_      Other \_\_\_

**Patient signature:** \_\_\_\_\_

**Dated:** \_\_\_\_\_