AGAVE SURGICAL ASSOCIATES REVIEW OF SYSTEMS

NAME	::				DATE OF BIRTH:
	e check the box next to any of cuss them with your doctor.	the fol	lowing symptoms or problems	s you ma	ay have experienced recently
CONSTITUTIONAL		GASTROINTESTINAL		PSYCHOLOGICAL	
0 0 0	Fatigue Fever, Chills, Sweats Decreased Appetite	0	Abdominal Pain Bloating/Swelling Change in Appetite	0 0 0	Feeling Depressed Thoughts of Suicide Difficulty Sleeping Under Psychiatric Care
0 0 0	Increased Appetite Sudden Weight Loss Sudden Weight Gain	0 0 0	Nausea Bloody/Black Stool Constipation Heartburn	0	Headaches Memory Loss
HEE O O	NT Burning in Eyes Blurred Vision	0 0 0	Diarrhea Rectal Bleeding Vomiting	0 0 0	Tremors/Weakness Neuropathy Numbness/Tingling Dizziness/Light-Headedness
0 0	Vision Loss Ringing in Ears Vertigo	GEN O O	Loss of Control of Urine Painful Urination	0 0 <u>MUS</u>	Seizures Fainting Spells SCULOSKELETAL
0 0	Hearing Loss Earache Nose Bleeds	0 0	Frequent Urination Urinating 2+ times at night Blood in Urine	0	Back Pain Bone/Joint Pain Muscle Weakness
0 0	Prolonged Hoarseness Sinus Trouble/Congestion	FEM O	Family History of Breast Cancer	0 <u>HEM</u> 0	Muscle Cramps IATOLOGIC Easy Bleeding
	Chronic Cough Wheezing Bluish Discoloration of Skin Difficulty Breathing	0	Breast Mass/Tenderness Nipple Discharge Vaginal Delivery(s) C-section(s)	0 <u>IMM</u> 0 0	Easy Bruising IUNOLOGICAL Hay Fever (allergies) Food allergies "Bee" Sting Allergies
0 0 0	Painful Respiration Coughing Up Blood Excessive Phlegm Shortness of Breath	0 0 0 0	Impotence Enlarged prostate Lump in Groin Testicular Mass		ILY HISTORY
CARDIOVASCULAR			ABOLIC/ENDOCRINE		
0 0 0	Chest Pain Swollen Ankles Irregular Heartbeat/Palpitations	0 0 0	Heat Intolerance Cold Intolerance Excessive Appetite Excessive Thirst		
VASCULAR		0	Chronically Overweight		

O Chronically Underweight

O Coldness to Extremities