MODERN ORTHOPEDICS

INNOVATIVE ORTHOPAEDIC SOLUTIONS

Name:

DOB:

Review of Systems: Please mark all that apply

Constitutional / General

- ☐ Fever
- ☐ Chills
- ☐ Heavy Sweating / Night Sweats
- ☐ Loss of Appetite
- ☐ Sleep Disturbances
- ☐ Unexplained Weight Loss / Gain
- ☐ Other: _____

Eyes

- ☐ Blurry Vision
- ☐ Double Vision
- ☐ Wear Glasses
- ☐ Other: _____

Ear / Nose / Throat

- ☐ Sore Throat
- ☐ Mouth Sores
- ☐ Nasal Congestion / Sinus Issues
- ☐ Hearing Loss
- ☐ Other: _____

Respiratory

- ☐ Cough
- ☐ COPD
- ☐ Wheezing
- ☐ Recurrent Respiratory Infections
- ☐ Shortness of Breath
- ☐ Other: _____

Psychological

- ☐ Depression
- ☐ Anxiety
- ☐ Other: _____

Endocrine

- ☐ Excessive Thirst / Fluid Intake
- ☐ Temperature Intolerance
- ☐ Feeling Tired (Fatigue)
- ☐ Hot Flashes
- ☐ Other: _____

Cardiovascular

- ☐ Chest Pain or Discomfort
- ☐ Swelling: Feet / Ankles / Legs
- ☐ Irregular Heartbeat
- ☐ Heart Attack
- ☐ Palpitations
- ☐ Varicose Veins
- ☐ Other: _____

Gastrointestinal

- ☐ Abdominal Pain
- ☐ Nausea / Vomiting
- ☐ Indigestion / Heartburn
- ☐ Blood in Stools
- ☐ Change in Bowel Habits
- ☐ Rectal Bleeding
- ☐ Diarrhea
- ☐ Constipation
- ☐ Swallowing Difficulties
- ☐ Other: _____

Skin

- ☐ Skin Rash
- ☐ Itching
- ☐ Discoloration
- ☐ Lumps or Masses
- ☐ Other: _____

Hematologic / Lymphatic

- ☐ Swollen Glands
- ☐ Blood Clotting Problems
- ☐ Easy Bruising
- ☐ Bleeding Tendencies
- ☐ Other: _____

Genitourinary

- ☐ Painful Urination
- ☐ Urinary Frequency
- ☐ Loss of Urinary Control
- ☐ Enlarged Prostate
- ☐ Difficulty Urinating
- ☐ Other: _____

Musculoskeletal

- ☐ Joint Pain
- ☐ Joint Swelling
- ☐ Back Pain
- ☐ Limitation of Motion
- ☐ Neck Pain
- ☐ Pain with Walking
- ☐ Other: _____

Neurological

- ☐ Tremors
- ☐ Dizzy Spells
- ☐ Numbness / Tingling
- ☐ Headache
- ☐ Unsteady Gait
- ☐ Feeling Weak
- ☐ Convulsions / Seizures
- ☐ Other: _____

Signature: _____ **Date**: _____

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