

THE UROLOGY CENTER, P.C.
330 Orchard Street, Suite 164, New Haven, CT 06511
203-789-2222 Fax: 203-624-3697

Account # _____

Name: _____ Date _____

REVIEW OF SYSTEMS

CONSTITUTIONAL SYSTEMS

Appetite Change Yes No
Chills Yes No
Fever Yes No
Headache Yes No
Weight Loss Yes No

CARDIOVASCULAR

Angina, Chest Pain Yes No
Arrhythmia Yes No
Endocarditis Yes No
Heart Valve Yes No
Heart Attack Yes No
High Blood Pressure Yes No
Mitral Valve Prolapse Yes No

RESPIRATORY

Asthma Yes No
Chronic Cough Yes No
Emphysema/Bronchitis Yes No
Shortness of Breath Yes No
Tuberculosis Yes No

SKIN

Persistent Itching Yes No
Excessive Perspiration Yes No
Rash Yes No

NEUROLOGICAL

Dizziness Yes No
Numbness Yes No
Stroke Yes No
Tremors Yes No

GASTROINTESTINAL

Abdominal Pain Yes No
Black Stools Yes No
Heartburn Yes No
Diarrhea Yes No

ENDOCRINE

Diabetes Yes No
Pituitary Disease Yes No
Thyroid Disease Yes No

MUSCULOSKELETAL

Arthritis Yes No
Joint Pain Yes No

PHARMACEUTICAL

Anti-inflammatories Yes No
Aspirin Products Yes No
Coumadin Yes No
Glucophage Yes No
Nitrates Yes No
Persantine Yes No
Plavix Yes No

HEMATOLOGICAL

Bleeding Problems Yes No
Blood Transfusions Yes No
Hepatitis Yes No
HIV (AIDS) Yes No
IV Drug Use Yes No
Swollen Glands Yes No