Patient Name:		Today's Date:
R	EVIEW OF SYSTI	EMS
For new patients, established patients haven't seen for a while, we need to up each area, if you are not having any di experiencing any of the symptoms listed explain any that may not be listed. If you staff members, or your doctor.	odate our records a fficulties, please ch ed, PLEASE CIRC	neck "No Problems". If you are LE THE ONES THAT APPLY, or
Constitution (Health in General) Cancer, Fatigue Syndrome. Other:		
Ears, Nose, Mouth & Throat Laryngitis. Other:	☐ No Problems	
Neurologist (Brain & Nerves) Cerebral palsy, Tumor, Stroke, Migraine,	No Problems Autism. Other:	
Psychiatric (Mood & Thinking) Anxiety Disorder, Bipolar Disorder. Othe		Depression, Attention Deficit,
C-V (Heart & Blood Vessels) Disease, Vascular Disease, Congestive He		Hypertension, Stroke/CVA, Heart
Resp. (Lungs & Breathing) Bronchitis, Emphysema, Chronic Obstruct	☐ No Problems tion, Sleep Apnea. C	Cigarette Smoker, Asthma,
GI (Stomach & Intestines) Reflux, Celiac Disease. Other:	☐ No Problems	
GU (Kidney & Bladder)	e hypertrophy, Pregn	
MS (Muscles, Bones, Joints) Fibromyalgia, Muscular dystrophy, Ankyl Other:	osing spondylitis, Os	steoporosis, Gout.
	☐ No Problems	Eczema, Rosacea, Psoriasis, Herpe
Endocrine (Glands)	Problems dysfunction. Other:_	Type 2 diabetes mellitus, Type 1 diabetes
Hematologic (Blood/Lymph) Ulcer, Hypercholesteremia. Other:		Anemia, Large-volume blood loss,
Allergic/Immune		ergies, Environmental allergies, Rheumatoid