

Boulder Pain Institute, P.C.

Review of Systems:

(Please Circle any of the following you currently experience)

General

Weight loss
Weight gain
Fever
Fatigue

Eyes

Pain
Discharge
Light sensitivity
Blurred vision

ENT

Sore throat
Hoarseness
Ear ringing
Nose bleeds

Respiratory

Wheezing
Cough
Shortness of breath

Cardiovascular

Chest pain
Fainting
Feet swelling
Palpitations

Gastrointestinal

Abdominal pain
Nausea
Vomiting
Diarrhea
Blood in stool
Constipation
Heartburn

Genitourinary

Frequency
Hesitancy
Flank pain
Painful urination
Blood in urine
Urinary Incontinence
Fecal Incontinence

Neurological

Headache
Confusion
Numbness
Slurred speech
Seizure

Musculoskeletal

Joint Swelling
Joint redness
Joint pain
Gait problems

Skin/Breast

Rash
Itching
Sores
Abscess
Discharge

Endocrine

Excess sweat
Excess thirst
Excess hot
Excess cold

Hematologic/Lymph

Bleeding tendencies
Lymph node swelling
Easy bruising

Psychologic

Anxiety
Depression
Severe Stress
Panic
Excessive Sleeping
Poor sleeping

For Women: Are you Pregnant? _____ Date of last period _____
Menstrual Irregularity? _____

For Men: Do you experience impotency? _____ Erectile problems? _____

Vaccinations: (date received)

Flu _____ Pneumonia _____ Tetanus _____
Shingles _____ Hepatitis _____