

SUSAN R. TUCKER, M.D.

Name: _____

Date: _____

SYSTEMS REVIEW

In the past month, have you had any of the following problems.

GENERAL

- Recent weight gain. how much _____
- Recent weight loss. how much _____
- Fatigue
- Weakness
- Fever
- Night sweats

NERVOUS SYSTEM

- Headaches
- Dizziness
- Fainting or loss of consciousness
- Numbness or tingling
- Memory loss

PSYCHIATRIC

- Depression
- Excessive worries
- Difficulty falling asleep
- Difficulty staying asleep
- Difficulties with sexual arousal
- Poor appetite
- Food cravings

MUSCLE/JOINTS/BONE

- Numbness
 - Joint pain
 - Muscle weakness
 - Joint swelling
- Where? _____

STOMACH AND INTESTINES

- Nausea
- Heartburn
- Stomach pain
- Vomiting
- Yellow jaundice
- Increasing constipation
- Persistent diarrhea
- Blood in stools
- Black stools

- Frequent crying
- Sensitivity
- Thoughts of suicide/attempts
- Stress
- Irritability
- Poor concentration
- Racing thoughts
- Hallucinations
- Rapid speech
- Guilty thoughts
- Paranoia
- Mood swings
- Anxiety
- Risky behavior

EARS

- Ringing in ears
- Loss of hearing

EYES

- Pain
- Redness
- Loss of vision
- Double or blurred vision
- Dryness

SKIN

- Redness
- Rash
- Nodules/bumps
- Hair loss
- Color changes of hands or feet

OTHER PROBLEMS

- | | |
|--------------|----------------|
| | year diagnosed |
| Hypertension | _____ |
| Diabetes | _____ |
| Heart attack | _____ |
| Stroke | _____ |
| Cancer | _____ |

THROAT

- Frequent sore throat
- Hoarseness
- Difficulty in swallowing
- Pain in jaw

BLOOD

- Anemia
- Clots

KIDNEY/URINE/BLADDER

- Frequent painful urination
- Blood in urine

HEART AND LUNGS

- Chest pain
- Palpitations
- Shortness of breath
- Fainting
- Swollen legs or feet

WOMEN ONLY

- Abnormal pap smear
- Irregular periods
- Bleeding between periods

Have you had any surgeries? (List reason and date) _____

List medications you take with or without a prescription. _____

Allergies _____

