Central Florida Health
Medical Group

REVIEW OF SYSTEMS: PLEASE CHECK THE APPROPRIATE BOX IF ANY OF THE FOLLOWING HAVE BEEN PRESENT IN THE LAST 12 MONTHS:

PATIENT NAME _____ SIGNATURE _____

DATE OF BIRTH _____ SEX _____ TODAY'S DATE _____ AGE _____

ARE THERE ANY CULTURAL/RELIGIOUS BELIEFS WE SHOULD BE AWARE OF WHILE PROVIDING CARE AND EDUCATION?

☐ YES ☐ NO IF YES, EXPLAIN: _____

GENERAL/CONSTITUTIONAL
☐ Fever
☐ Fatigue
☐ Weight loss
☐ Chills
☐ Nausea

ALLERGY/IMMUNOLOGY
☐ Sneezing
☐ Watery eyes
☐ Itchy eyes, ear, nose palate
☐ Scratchy throat

OPHTHALMOLOGIC
☐ Double vision
☐ Vision loss
☐ Blurred vision

EARS
☐ Hearing loss
☐ Drainage
☐ Pain
☐ Noise in ears
☐ Dizziness
☐ Hearing Aids

NOSE
☐ Pain
☐ Discharge
☐ Post nasal drip
☐ Deformity
☐ Congestion
☐ Decreased smell
☐ Bleeding

MOUTH
☐ Lesions
☐ Loss of taste

THROAT
☐ Pain
☐ Hoarseness
☐ Cough
☐ Difficulty swallowing
☐ Indigestion/heartburn

NECK
☐ Pain
☐ Lumps or masses

RESPIRATORY
☐ Shortness of breath
☐ Congestion
☐ Pain
☐ Sputum production
☐ Wheezing

CARDIOVASCULAR
☐ Skipped beats
☐ Chest pain
☐ Swelling in legs or feet

GASTROINTESTINAL
☐ Abdominal pain
☐ Vomiting
☐ Diarrhea
☐ Blood in stool/black stool

HEMATOLOGY
☐ Easy bruising/bleeding
☐ Prolonged bleeding

SKIN
☐ Skin lesion(s)

NEUROLOGIC
☐ Numbness
☐ Localized weakness
☐ Paralysis

ALLERGIES/INTOLERANCE

_____

MEDICAL HISTORY

_____

_____

SURGICAL HISTORY

_____

_____

HOSPITALIZATION(S)

_____

FAMILY HISTORY
☐ Unknown ☐ Adopted
Mother
☐ Alive ☐ Deceased
Cause of death _____
Medical conditions _____
Father
☐ Alive ☐ Deceased
Cause of death _____
Medical conditions _____
Other blood relatives with:
☐ Cancer _____
☐ Heart Disease _____
☐ Stroke _____
☐ Bleeding disorder _____

SOCIAL HISTORY
☐ **Tobacco use** ☐ Current ☐ Ever
Age started _____
Age stopped _____
Packs per day _____

☐ **Alcohol Use**
Type(s) _____
Amount _____
Frequency _____

Illegal Drug Use Ever
☐ Cocaine ☐ Marijuana ☐ Crack
☐ Methamphetamines ☐ Narcotics
☐ Other _____
Last Used _____
How often used _____

Employment Status
☐ Employed ☐ Unemployed
☐ Student ☐ Disabled ☐ Retired
☐ Occupation _____

CHIEF COMPLAINT FOR VISIT:

_____

_____

_____