

HARTZELL RUPP OPHTHALMOLOGY, P.C.

Review of Systems: Please indicate any personal history below.

Patient Name _____ Date of Birth _____ Date _____

Constitutional Symptoms	Y	N	Genitourinary	Y	N	Psychiatric	Y	N
Good general health lately			Frequent urination			Memory loss or confusion		
Recent weight change			Burning or painful urination			Nervousness		
Fever			Blood in urine			Depression		
Fatigue			Change in force of strain when urinating			Insomnia		
Headaches						Endocrine	Y	N
Eyes	Y	N	Incontinence or dribbling			Glandular or hormone problem		
Eye disease or injury			Kidney stones			Excessive thirst or urination		
Wear glasses/contact lenses			Sexual difficulty			Heat or cold intolerance		
Blurred or double vision			Male - testicle pain			Skin becoming dryer		
Ears/Nose/Mouth/Throat	Y	N	Female - pain with periods			Change in hat or glove size		
Hearing loss or ringing			Female - irregular periods			Hematologic/Lymphatic	Y	N
Earaches or drainage			Female - # of pregnancies:			Slow to heal after cuts		
Chronic sinus problems/rhinitis			Female - # of miscarriages:			Bleeding or bruising tendency		
Nose bleeds			Female - date of last pap smear:			Anemia		
Mouth sores or bleeding gums			Musculoskeletal	Y	N	Phlebitis		
Bad breath or bad taste			Joint pain			Past transfusion		
Sore throat or voice change			Joint stiffness or swelling			Enlarged glands		
Swollen glands in neck			Weakness of muscles or joints					
Cardiovascular	Y	N	Muscle pain or cramps			Allergic/Immunologic	Y	N
Heart trouble			Back pain			History of skin reaction or other adverse reaction to:		
Chest pain or angina pectoris			Cold extremities			Penicillin or other antibiotics		
Palpitation			Difficulty walking			Morphine, Demerol or other narcotics		
Shortness of breath w/walking or lying flat			Integumentary (skin, breast)	Y	N	Novocain or other anesthetics		
			Rash or itching			Aspirin or other pain remedies		
Swelling of feet, ankles or hands			Change in skin color			Tetanus antitoxin or other serums		
Respiratory	Y	N	Change in hair or nails			Iodine, Merthiolate or other antiseptic		
Chronic or frequent coughs			Varicose veins			Other drugs/medications:		
Spitting up blood			Breast pain					
Shortness of breath			Breast lump					
Wheezing			Breast discharge					
Gastrointestinal	Y	N	Neurological	Y	N			
Loss of appetite			Frequent or recurring headaches					
Change in bowel movements			Light headed or dizzy			Known food allergies:		
Nausea or vomiting			Convulsions or seizures					
Frequent diarrhea			Numbness or tingling sensations					
Painful bowel movements or constipation			Tremors					
			Paralysis			Environmental allergies:		
Rectal bleeding or blood in stool			Head injury					
Abdominal pain								
Eye History	Y	N						
Glaucoma								
Macular Degeneration								
Cataracts								
Iritis								
Retinal Problems								
Other:								