

REVIEW OF SYSTEMS

Do you HAVE or HAVE YOU EVER HAD (YES or NO)?

DERMATOLOGY

- Natural / Original Hair Color Black Brown Light Brown Blonde Red
- Natural Eye Color Black Brown Light Brown Blue Hazel Gray Green Red
- Skin Color Very Pale Fair Medium-Olive Dark Olive-Brown Brown Black
- Hives Yes No
- Skin Ulcers Yes No
- Itching Yes No
- Skin Cancer Yes No
- Acne Yes No
- Eczema Yes No
- Psoriasis Yes No
- Nail Problems Yes No
- Hair Loss Yes No
- Sun Sensitivity Yes No
- Reaction To Jewelry Yes No
- Rosacea Yes No
- Excessive Scarring / Keloids Yes No

INFECTIOUS

- Tuberculosis Yes No
- HIV / AIDS Yes No
- Hepatitis B or C Yes No
- Herpes Yes No
- Cold Sores Yes No
- Warts Yes No
- Genital Warts Yes No

GYNECOLOGY

- Irregular Menstrual Cycle Yes No
- Menopause Yes No
- Pregnancy Yes No
- Miscarriages Yes No
- Breast Feeding Yes No

CARDIOLOGY

- Heart Murmur Yes No
- Heart Valve Yes No
- Pacemaker Yes No
- High / Low Blood Pressure Yes No
- Varicose Veins Yes No
- Coronary Artery Disease Yes No

MUSCULOSKELETAL

- Artificial Joints / Implants Yes No
Arthritis Yes No
Joint Pain Yes No
Muscle Pain Yes No
Gout Yes No
Lupus Yes No

UROLOGY

- Kidney disease Yes No
Dialysis Yes No

RESPIRATORY

- Asthma Yes No
Bronchitis Yes No
Sarcoidosis Yes No
Abnormal Chest X-ray Yes No
Seasonal Allergies Yes No

ENDOCRINOLOGY

- Diabetes Yes No
Thyroid Disease Yes No

HEMATOLOGY

- Anemia Yes No
Low White Blood Cells Yes No
Blood Clots Yes No
Lymphoma / Leukemia Yes No
Sickle Cell Anemia Yes No
Cancer Yes No
Excessive Bleeding Yes No

GASTROENTEROLOGY

- Hepatitis Yes No
Stomach Ulcers Yes No
Liver Disease Yes No
Difficulty Swallowing Yes No

EYES, EARS, NOSE & THROAT

- Glaucoma Yes No
Sinus Infections Yes No

NEUROLOGY

- Seizures Yes No
Headache Yes No
Stroke Yes No

PSYCHOLOGY

- Depression Yes No
Anxiety Yes No
Bulimia / Anorexia Yes No
Chemical Dependency Yes No