Hester Health

Review of systems

Constitutional	Fever or chills	Yes	No
	Excessive Fatigue	Yes	No
	Weight loss or gain	Yes	No
	Night Sweats	Yes	No
Eyes	Glaucoma	Yes	No
	Blurred Vision	Yes	No
	Double Vision	Yes	No
Ears / Nose / Throat	Difficulty swallowing	Yes	No
	Loss of hearing	Yes	No
	Swelling of your tongue	Yes	No
Nervous System	Have you ever passed out or lost consciousness?	Yes	No
	Headaches	Yes	No
	Instability when walking	Yes	No
	Numbness or tingling in your arms or legs	Yes	No
	Blurred vision	Yes	No
Cardiovascular	Chest pain	Yes	No
	Swelling in your ankles / feet	Yes	No
	Heart skipping / pounding	Yes	No
	Neck, jaw or arm pain that may be related to your heart	Yes	No
	Difficulty breathing when lying down	Yes	No
	Cramping or tightness in your legs when walking	Yes	No
Respiratory	Shortness of breath	Yes	No
	Wheezing	Yes	No
	Coughing up blood	Yes	No
Gastrointestinal	Constipation or diarrhea	Yes	No
	Nausea or vomiting	Yes	No
	Do you have a history of ulcer disease?	Yes	No
	Pass blood from your rectum or vomiting blood	Yes	No
Genitourinary	Trouble starting or stopping urination	Yes	No
	Frequent urination	Yes	No
	Blood in urine	Yes	No
	Nighttime urination	Yes	No
Musculoskeletal	Joint aches, muscle aches or arthritis	Yes	No
Skin	Skin rashes	Yes	No
Hematologic / Lymphatic	Painful or enlarged glands	Yes	No
	Bruising easily	Yes	No
Psychiatric	Do you have a history of depression or other psychiatric illness?		
	Explain:	Yes	No

Patient Signature: _____ Date: _____