

## Follow up Patients

### Review of Systems (please check if yes)

**Constitutional:**

- Weight loss
- Fatigue
- Fever

**Eyes:**

- Glasses/Contacts
- Eye Pain
- Double Vision
- Cataracts

**Ear, Nose, Throat:**

- Difficulty Hearing
- Ringing in Ears
- Vertigo
- Sinus Trouble
- Nasal Stuffiness
- Frequent Sore Throat

**Cardiovascular:**

- Murmur
- Chest Pain
- Palpitations
- Dizziness
- Fainting Spells
- Shortness of Breath
- Difficulty Lying Flat
- Swelling Ankles

**Endocrine:**

- Loss of Hair
- Heat/Cold Intolerance

**Respiratory:**

- Cough
- Wheezing
- Chills

**Gastrointestinal:**

- Heartburn/Reflex
- Nausea/Vomiting
- Constipation
- Change in BMs
- Diarrhea
- Jaundice
- Abdominal Pain
- Black/Bloody Stool

**Genitourinary:**

- Burning/Frequency
- Blood in Urine
- Erectile Dysfunction
- Abnormal Discharge
- Bladder Leakage

**Allergic/Immunologic:**

- Hives/Eczema
- Hay Fever

**Psychiatric:**

- Anxiety/Depression
- Mood Swings
- Difficulty Sleeping

**Hematology/Lymph**

- Easy Bruising
- Gums Bleed Easily
- Enlarged Glands

**Musculoskeletal:**

- Joint Pain/Swelling
- Stiffness
- Muscle Pain
- Back Pain

**Skin:**

- Rash/Sores
- Lesions
- Itching/Burning

**Neurological:**

- Loss of Strength
- Numbness
- Headaches
- Tremors
- Memory Loss

**NONE**

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