

REVIEW OF SYSTEMS
SURGICAL ASSOCIATES, PC
1001 S 70th Street Suite 100
Lincoln, NE 68510

Name _____ DOB _____ Date _____

Do you have any of the following symptoms- if nothing applies please respond N/A _____.

General

Appetite Loss Fatigue Fever Weight Gain Weight Loss

Skin

Non-Healing Wound Open Sore Rash

HEENT

Blurred Vision Eye Discharge Eye Pain Hearing Loss Sinus Discharge Sinus Pain

Sore Throat Visual Loss

Neck

Neck Mass Neck Pain Neck Stiffness Neck Swelling Swollen Glands

Respiratory

Bloody Sputum Cough Sputum Production Wheezing

Cardiovascular

Chest Pain Shortness of Breath Extremity Swelling

Gastrointestinal

Abdominal Pain Bloating Constipation Diarrhea Heartburn Incontinence of Stool

Nausea Rectal Bleeding Rectal Pain Vomiting

Genitourinary

Blood in Urine Burning Frequency Incontinence Urgency

Musculoskeletal

Immobility Joint Stiffness Joint Swelling Muscle Pain

Neurological

Blackouts Dizziness Numbness Tingling Weakness

Psychiatric

Change in Sleep Pattern Disorientation Hallucinations

Hematology

Blood Clots Easy Bleeding Easy Bruising