

HD by Abasi

Kitt @ 3:30 PM on

11/25/14.

-RDB

Review of systems: Have you ever had or do you currently have any of the following (check [x] for each item)

Past = past medical problem

Current = current medical problem

If Yes:

	No	Past	Current
1. Frequent / severe fatigue	[x]	[]	[]
2. Arthritis / bursitis / tendonitis	[x]	[]	[]
3. Carpal tunnel syndrome	[x]	[]	[]
4. Back / spine trouble	[x]	[]	[]
5. Amputations / bone-joint problem	[x]	[x]	[]
6. Cancer	[x]	[]	[]
7. Diabetes / sugar problems	[x]	[]	[]
8. Skin problems	[x]	[]	[]
9. High / low blood pressure	[x]	[]	[]
10. Chest pains / palpitations	[x]	[]	[]
11. Heart trouble	[x]	[]	[]
12. Anemia	[x]	[]	[]
13. Difficulty breathing	[x]	[]	[]
14. Chronic cough or sputum	[x]	[]	[]
15. Asthma or emphysema	[x]	[]	[]
16. Pneumonia	[x]	[x]	[]
17. Tuberculosis	[x]	[]	[]
18. Past positive test for TB	[x]	[]	[]
19. Abdominal pain	[x]	[]	[]
20. Bowel / stomach problems	[x]	[]	[]
21. Stomach / duodenal ulcers	[x]	[]	[]
22. Liver / gallbladder disease	[x]	[]	[]
23. Jaundice (turning yellow)	[x]	[]	[]
24. Hernias or ruptures	[x]	[]	[]
25. Urinary problems	[x]	[]	[]
26. Menstrual problems	[x]	[]	[]
27. Infertility	[x]	[]	[]
28. Fainting episodes	[x]	[]	[]
29. Convulsions / epilepsy	[x]	[]	[]
30. Severe head injuries	[x]	[x]	[]
31. Dizziness / lightheadedness	[x]	[]	[]
32. Severe headaches	[x]	[]	[]
33. Change in vision	[x]	[]	[]
34. Change in hearing	[x]	[]	[]
35. Psychiatric conditions	[x]	[]	[]

fractured nose, fractured wrist

concussion x 3

WC @ ankle sprain - Kodak . 2005

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Patient/Examinee Signature: Atapi Koot

Date: 5-14-13

Provider Signature: M. Amel Schrak
ACNP

Date: 5/14/13

