

METROPLEX SURGICAL SPECIALISTS
PATIENT HISTORY/REVIEW OF SYSTEMS

HAVE YOU OR ARE YOU BEING TREATED FOR: please check or circle all that apply	
Diabetes	GENITOURINARY
Hypertension	Frequent urination
Cancer	Burning or painful urination
Stroke	Blood in urine
Heart Trouble	Change in force or strain when urinating
Arthritis/gout	Incontinence or dribbling
CONSTITUTIONAL SYMPTOMS	Kidney stones
Good general health	Ejaculation problems
Recent weight change	Nocturia
Fever	Male - Testicle Pain
Fatigue	Number of pregnancies
Headaches	Number of miscarriages
EYES	MUSCULOSKELETAL
Eye disease or injury	Joint pain
Wear glasses or contacts	Joint stiffness or swelling
Blurred or double vision	Weakness of muscles or joints
Glaucoma	Muscle pain or cramps
EAR/NOSE/MOUTH/THROAT	Cold extremities
Hearing loss or ringing	Difficulty in walking
Earaches or drainage	INTEGUMENTARY (skin/breast)
Chronic sinus problem or rhinitis	Rash or itching
Nose bleeds	Change in skin color
Mouth sores	Change in hair or nails
Bleeding gums	Varicose veins
Bad breath or bad taste	Breast pain / lump / discharge
Sore throat or voice change	NEUROLOGICAL
Swollen glands in neck	Frequent or recurring headaches
CARDIOVASCULAR	Light headed or dizzy
Heart trouble	Convulsions or seizures
Chest pain or angina pectoris	Numbness or tingling sensations
Palpitation	Tremors
Shortness of breath with walking or lying flat	Paralysis
Swelling of feet, ankles, or hands	Stroke
RESPIRATORY	Head injury
Chronic or frequent coughs	PSYCHIATRIC
Spitting up blood	Memory loss or confusion
Shortness of breath	Nervousness
Asthma or wheezing	Depression
GASTROINTESTINAL	Insomnia
Loss of appetite	Psychosis
Change in bowel movements	ENDOCRINE
Nausea or vomiting	Glandular problems
Frequent diarrhea	Hormone problems
Painful bowel movements or constipation	Excessive thirst
Rectal bleeding or blood in stool	Tired / Sluggish
Abdominal pain or heartburn	Diabetes
HEMATOLOGIC / LYMPHATIC	HEMATOLOGIC / LYMPHATIC
Peptic Ulcer	Slow to heal after cut
Convulsions	Anemia
Bleeding tendency	Phlebitis
Acute Infections	Past blood transfusion
Venereal disease	Swollen glands
Hereditary defects	

MSS 1017, 4-7-06

Patient's Signature _____ Date _____ Physician's Initials _____ Date _____