



Name: _____ Date of Birth: _____

Review of Systems: Please circle the following issues you currently experience.

General: Chills Fever Weight Gain Weight Loss

HEENT: Diplopia Eye Pain Visual Disturbances Ear Problems Nose Problems
Sinusitis Throat Problems Slurred Speech

Neck: Neck Pain Neck Stiffness

Respiratory: Difficulty Breathing Sputum Production

Cardiovascular: Chest Pain Hypertension Shortness of Breath

Gastrointestinal: Abdominal Pain Difficulty Swallowing Nausea Vomiting

Musculoskeletal: Back Pain Joint Pain Muscle Weakness

Neurological: Black-Outs Bladder Symptoms Blurred Vision Bowel Symptoms Confusion Convulsions
Difficulty with gait/walking Dizziness Double Vision Falling Headaches Hearing Loss
Imbalance Memory Loss Muscle Cramping Muscle Twitching Numbness Pain
Speech Disorder Syncope Tingling Tinnitus Vertigo Visual Loss Weakness

Psychiatric: Anxiety Depression Disorientation Hallucinations Inability to Concentrate
Uncontrollable crying and/or laughing

Endocrine: Appetite Changes Heat/Cold Intolerance Thyroid Problems

Hematology: Easy Bruising Easy Bleeding Painful Lymph Nodes

SOCIAL HISTORY:

Marital Status: Single ____ Married ____ Divorced ____ Widowed ____

Have you ever smoked? Yes ____ No ____

How many years have you smoked? _____ Packs per day? _____ I quit _____ years ago

Smokeless Tobacco: Never ____ Former ____ Snuff User ____

E-cigarette/vape: Never ____ Former ____ Current ____

Chewing Tobacco: None ____ Occasional ____ Moderate ____ Heavy ____

Caffeine intake: None ____ Occasional ____ Moderate ____ Heavy ____

Alcohol intake: None ____ Occasional ____ Moderate ____ Heavy ____
Alcohol years of use _____

Illicit Drug: None ____ Occasional ____ Moderate ____ Heavy ____

Please list any illicit drugs that you use if any: _____

Exposure to HIV: Yes ____ No ____ Unknown ____

Highest Level of Education: _____ Work Status: _____

Are you a student? Part-Time ____ Full Time ____ Not a Student ____

Living Situation (please circle one):

Alone with Spouse with Parents with Caregiver Group Home Assisted Living/Skilled Nursing