SPERO J. THEODOROU, M.D.
CHRISTOPHER T. CHIA, M.D.

Patient: _____

Review of Systems: Mark any symptoms or illnesses, which have occurred in the past five years or may impact your health (such as chronic diseases or disability) or this hospitalization/surgery.

General	**Normal**	Fever	Weight loss/gain	
Neurologic	**Normal**	Head injury	Stroke	Seizure
		Memory loss	Paralysis	
Eyes	**Normal**	Poor vision	Cataracts	Glaucoma
Ears	**Normal**	Poor hearing	Hearing aid	Balance problems
Nose/Throat	**Normal**	Nosebleeds	Allergies	Frequent stuffiness
Mouth	**Normal**	Dental problems	Loose teeth or dentures	
Neck	**Normal**	Goiter	Neck pain	Swollen glands
Endocrine	**Normal**	Thyroid disease	Diabetes	
Heart	**Normal**	Heart attack	High blood pressure	Heart murmur
		Palpitations	Chest pain/angina	Rheum. Fever
Lungs	**Normal**	Difficulty breathing	Chronic cough	Wheezing
		Spitting up blood	Bronchitis	Asthma
		Emphysema	Pneumonia	Tuberculosis
Digestive	**Normal**	Difficulty swallowing	Heartburn/ulcer	Diarrhea
		Nausea/vomiting	Constipation	
Liver	**Normal**	Hepatitis	Jaundice	Gallstones
Urinary	**Normal**	Blood in urine Hem dialysis	Kidney stone	Kidney failure
Back	**Normal**	Back injury	Chronic back ache or stiffness	
Extremities	**Normal**	Joint pain/injury	Weakness/paralysis	Arthritis
Bleeding	**Normal**	Easy bruising	prolonged bleeding	
		Bloody urine/stool	Anemia	
		Transfusion	Heavy menstrual bleeding	
Gynecologic	**Not applicable/Normal**		Other_____	