NORTH GEORGIA
DIABETES AND ENDOCRINOLOGY
www.northgeorgiaendocrine.com

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# REVIEW OF SYSTEMS

Patient Name: _____

| | | | | | |
|---|---|---|---|---|---|
| **GENERAL** | | | **NEUROLOGIC** | | |
| Weight loss | ☐ Yes | ☐ No | Tremor | ☐ Yes | ☐ No |
| Weight gain | ☐ Yes | ☐ No | Frequent headache | ☐ Yes | ☐ No |
| Fatigue | ☐ Yes | ☐ No | Tingling | ☐ Yes | ☐ No |
| **EYE** | | | Numbness | ☐ Yes | ☐ No |
| Loss of vision | ☐ Yes | ☐ No | Burning pain in feet | ☐ Yes | ☐ No |
| Double vision | ☐ Yes | ☐ No | Seizures | ☐ Yes | ☐ No |
| Bulging eyes | ☐ Yes | ☐ No | **PSYCHIATRIC** | | |
| Dry eyes | ☐ Yes | ☐ No | Depression | ☐ Yes | ☐ No |
| **ENT** | | | Sleep disturbances | ☐ Yes | ☐ No |
| Persistent hoarseness | ☐ Yes | ☐ No | Eating disorder | ☐ Yes | ☐ No |
| Sinus Congestion | ☐ Yes | ☐ No | Anxiety | ☐ Yes | ☐ No |
| **CARDIAC** | | | **ENDOCRINOLOGY** | | |
| Chest pain or pressure | ☐ Yes | ☐ No | Excessive thirst | ☐ Yes | ☐ No |
| Palpitations | ☐ Yes | ☐ No | Sensitive to cold temperature | ☐ Yes | ☐ No |
| Leg swelling | ☐ Yes | ☐ No | Sensitive to hot temperature | ☐ Yes | ☐ No |
| **LUNGS** | | | Urination at night | ☐ Yes | ☐ No |
| Shortness of breath | ☐ Yes | ☐ No | Breast growth (men) | ☐ Yes | ☐ No |
| Cough | ☐ Yes | ☐ No | Breast discharge | ☐ Yes | ☐ No |
| Wheezing | ☐ Yes | ☐ No | **GASTROINTESTINAL** | | |
| **DERMATOLOGY** | | | Constipation | ☐ Yes | ☐ No |
| Excessive dry skin | ☐ Yes | ☐ No | Diarrhea | ☐ Yes | ☐ No |
| Excessive hair growth | ☐ Yes | ☐ No | Vomiting | ☐ Yes | ☐ No |
| Acne | ☐ Yes | ☐ No | Nausea | ☐ Yes | ☐ No |
| Vitilgo | ☐ Yes | ☐ No | Heartburn | ☐ Yes | ☐ No |
| Skin ulcer | ☐ Yes | ☐ No | Abdominal pain | ☐ Yes | ☐ No |

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## URINARY

| | | |
|---|---|---|
| Difficulty urinating | ☐ Yes | ☐ No |
| Erectile Dysfunction | ☐ Yes | ☐ No |
| Nocturia | ☐ Yes | ☐ No |
| Poor libido | ☐ Yes | ☐ No |

## GYNECOLOGICAL

Last menstrual period?_____

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Number of pregnancies | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 | ☐ 7 | ☐ 8 |
| Number of miscarriages | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 | ☐ 7 | ☐ 8 |
| Number of live births | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 | ☐ 7 | ☐ 8 |
| How many greater than 9 lbs? | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 | ☐ 7 | ☐ 8 |

| | | |
|---|---|---|
| Irregular Periods | ☐ Yes | ☐ No |
| Hot flashes | ☐ Yes | ☐ No |

## MUSCULOSKELETAL

| | | |
|---|---|---|
| Joint stiffness | ☐ Yes | ☐ No |
| Joint pain | ☐ Yes | ☐ No |
| Back pain | ☐ Yes | ☐ No |
| Muscle cramping | ☐ Yes | ☐ No |
| Fracture | ☐ Yes | ☐ No |

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