

REVIEW OF SYSTEMS

REVIEW OF SYSTEMS

Many of the following conditions respond to chiropractic treatment.

Are you currently experiencing any of these symptoms? (Please select all that apply and use comments to elaborate.)

Constitutional: (General)

- Fever
- Fatigue
- Other: _____
- None in this Category

Musculoskeletal:

- Joint Pain/Stiffness/Swelling
- Muscle Pain/Stiffness/Spasms
- Broken Bones _____
- Other: _____
- None in this Category

Neurological:

- Dizziness or Lightheaded
- Convulsions or Seizures
- Tremors
- Other: _____
- None in this Category

Psychiatric: (Mind/Stress)

- Nervousness/Anxiety
- Depression
- Sleep Problems
- Memory Loss or Confusion
- Other: _____
- None in this Category

Genitourinary:

- Frequent or Painful Urination
- Blood in Urine
- Incontinence or Bed Wetting
- Painful or Irregular Periods
- Other: _____
- None in this Category

Gastrointestinal:

- Loss of Appetite
- Blood in Stool or Black Stool
- Nausea or Vomiting
- Abdominal Pain
- Frequent Diarrhea
- Constipation
- Other: _____
- None in this Category

Cardiovascular & Heart:

- Chest Pains/Tightness
- Rapid or Heartbeat Changes
- Swelling of Hands, Ankles, or Feet
- Other: _____
- None in this Category

Respiratory:

- Difficulty Breathing
- Cough
- Other: _____
- None in this Category

Eyes & Vision:

- Eye Pain
- Blurred or Double Vision
- Sensitivity to Light
- Other: _____
- None in this Category

Head, Ears, Nose, & Mouth/Throat:

- Frequent or Recurrent Headaches
- Ear - Ache/Ringing/Drainage
- Hearing Loss
- Sensitivity to Loud Noises
- Sinus Problems
- Sore Throat
- Other: _____
- None in this Category

Endocrine:

- Infertility
- Recent Weight Change
- Eating Disorder
- Other: _____
- None in this Category

Hematologic & Lymphatic:

- Excessive Thirst or Urination
- Cold Extremities
- Swollen Glands
- Other: _____
- None in this Category

Integumentary: (Skin, Nails, & Breasts)

- Rash or Itching
- Change in Skin, Hair, or Nails
- Non-healing Sores or Lesions
- Change of Appearance of a Mole
- Breast Pain, Lump, or Discharge
- Other: _____
- None in this Category

Allergic/Immunologic:

- Food Allergies
- Environmental Allergies
- Other: _____
- None in this Category

Review of Systems Comments:

I have answered these questions to the best of my knowledge and certify them to be true and correct.

Patient or Guardian Signature _____ Date _____

Print Name: (First MI Last) _____