 **NOVA Arthritis and Rheumatology Specialists**

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| **Review OF SYSTEMS** | | |
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| **In the past month, have you had any of the following problems?** | | |
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| **General** | **NERVOUS SYSTEM** | **PSYCHIATRIC** |
| ❑ Recent weight gain; how much\_\_\_\_ | ❑ Headaches | ❑ Depression |
| ❑ Recent weight loss: how much\_\_\_\_ | ❑ Dizziness | ❑ Excessive worries |
| ❑ Fatigue | ❑ Fainting or loss of consciousness | ❑ Difficulty falling asleep |
| ❑ Weakness | ❑ Numbness or tingling | ❑ Difficulty staying asleep |
| ❑ Fever | ❑ Memory loss | ❑ Difficulties with sexual arousal |
| ❑ Night sweats |  | ❑ Poor appetite |
|  |  | ❑ Food cravings |
| **Muscle/Joints/Bones** | **STOMACH AND INTESTINES** | ❑ Frequent crying |
| ❑ Numbness | ❑ Nausea | ❑ Sensitivity |
| ❑ Joint pain | ❑ Heartburn | ❑ Thoughts of suicide / attempts |
| ❑ Muscle weakness | ❑ Stomach pain | ❑ Stress |
| ❑ Joint swelling | ❑ Vomiting | ❑ Irritability |
| Where? | ❑ Yellow jaundice | ❑ Poor concentration |
|  | ❑ Increasing constipation | ❑ Racing thoughts |
| **EARS** | ❑ Persistent diarrhea | ❑ Hallucinations |
| ❑ Ringing in ears | ❑ Blood in stools | ❑ Rapid speech |
| ❑ Loss of hearing | ❑ Black stools | ❑ Guilty thoughts |
|  |  | ❑ Paranoia |
| **EYES** | **SKIN** | ❑ Mood swings |
| ❑ Pain | ❑ Redness | ❑ Anxiety |
| ❑ Redness | ❑ Rash | ❑ Risky behavior |
| ❑ Loss of vision | ❑ Nodules/bumps |  |
| ❑ Double or blurred vision | ❑ Hair loss |  |
| ❑ Dryness | ❑ Color changes of hands or feet | **OTHER PROBLEMS:** |
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| **THROAT** | **BLOOD** |  |
| ❑ Frequent sore throats | ❑ Anemia |  |
| ❑ Hoarseness | ❑ Clots |  |
| ❑ Difficulty in swallowing |  |  |
| ❑ Pain in jaw | **KIDNEY/URINE/BLADDER** |  |
|  | ❑ Frequent or painful urination |  |
| **HEART AND LUNGS** | ❑ Blood in urine |  |
| ❑ Chest pain |  |  |
| ❑ Palpitations | **Women Only:** |  |
| ❑ Shortness of breath | ❑ Abnormal Pap smear |  |
| ❑ Fainting | ❑ Irregular periods |  |
| ❑ Swollen legs or feet | ❑ Bleeding between periods |  |
| ❑ Cough | ❑ PMS |  |
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| **WOMENS REPRODUCTIVE HISTORY:**  Age of first period:  # Pregnancies:  # Miscarriages:  # Abortions:  Have you reached menopause? Y / N At what age? | | |