

Surgical Oncology

ASSOCIATES OF CHATTANOOGA

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REVIEW OF SYSTEMS

Date: _____

Name: _____ DOB: _____ Age: _____

GENERAL

- NONE OTHER
- fever-chills
- sweats
- change in sleep habits
- fatigue
- weight gain
- weight loss
- pain location _____
level (0-10) _____

NEUROLOGICAL

- NONE OTHER
- memory changes
- numbness/tingling
- dizziness/fainting
- weakness
- blurred vision
- headache
- hearing difficulty
- ringing in ears
- seizures
- speech changes
- unbalanced walking

HEAD & NECK

- NONE OTHER
- nose bleeds
- hoarseness
- sores in mouth/throat
- sore throat

MUSCULOSKELETAL

- NONE OTHER
- joint swelling
- joint/back pain
- stiffness
- trauma
- falls

ENDOCRINE

- NONE OTHER
- cold intolerance
- hot flashes

CARDIOVASCULAR

- NONE OTHER
- leg pain/swelling
- chest pain
- fast heart beat

PSYCHOLOGICAL

- NONE OTHER
- worried/anxious
- sad/depressed

GASTROINTESTINAL/NUTRITION

- NONE OTHER
- yellow skin or eyes
- cramping/stomach pain
- nausea/vomiting
- problems swallowing
- indigestion
- change in appetite/diet
- reflux
- blood in stools
- black stools
- constipation
- diarrhea

HEMATOLOGY

- NONE OTHER
- abnormal bleeding
- prior transfusion
- easy bruising
- swelling in groin/armpit/neck

RESPIRATORY

- NONE OTHER
- wheezing
- cough
- short of breath
- bloody phlegm/sputum

GENITOURINARY

- NONE OTHER
- burning
- frequency
- blood in urine
- dribbling
- unable to control bladder

SKIN

- NONE OTHER
- open sore
- change in moles
- abnormal color
- rashes

BREAST

- NONE OTHER
- changes
- lumps
- nipple discharge
- Date of last mammogram: _____

MALE

- problems passing urine
- enlarged prostate
- Date of last prostate exam: _____

FEMALE: G___ P___ AB___

- unusual bleeding/discharge
- Last menstrual: _____
- Last pap: _____
- BC? Yes No
- Age at First Menstrual Period: _____
- Age at First Pregnancy: _____

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