

# SHERIDAN PARK CHIROPRACTIC

## Review of Systems

Name \_\_\_\_\_ Date \_\_\_\_\_

Please mark the following symptoms with C-currently or P-previously or N-never.

C	P	N		C	P	N	
			<b>Neurological</b>				<b>Eyes/Ears/Nose/Throat</b>
—	—	—	Migraines	—	—	—	Watery/itchy eyes
—	—	—	Headaches	—	—	—	Eye pains
—	—	—	Face pain	—	—	—	Blurred/tunnel vision
—	—	—	Dizziness	—	—	—	Earaches/infection
—	—	—	Nerve pains	—	—	—	Ear drainage
			<b>Cardiovascular</b>	—	—	—	Nose bleeds
—	—	—	High blood pressure	—	—	—	Sinus infections
—	—	—	Low blood pressure	—	—	—	Sore Throat
—	—	—	Irregular /skipped heartbeat	—	—	—	Gingivitis
—	—	—	Rapid/pounding heartbeat	—	—	—	Chronic cough
—	—	—	Chest pain	—	—	—	Hoarseness/loss of voice
—	—	—	Shortness of breath	—	—	—	Swollen/discolored tongue/gums
—	—	—	Left arm pain	—	—	—	Altered taste/smell
—	—	—	Swollen ankles	—	—	—	Enlarged thyroid
			<b>Respiratory</b>				<b>Emotional/Mental</b>
—	—	—	Chest Congestion	—	—	—	Depression
—	—	—	Asthma/Bronchitis	—	—	—	Anxiety/nervousness
—	—	—	Difficulty breathing	—	—	—	Mood swings
—	—	—	Wheezing	—	—	—	Irritability
—	—	—	Recurrent respiratory infections	—	—	—	Memory loss
			<b>GI</b>				Confusion
—	—	—	Diarrhea	—	—	—	Poor concentration
—	—	—	Constipation				<b>Energy</b>
—	—	—	Nausea/vomiting	—	—	—	Fatigue/Sluggishness
—	—	—	Stomach pains/Crampings	—	—	—	Apathy/lethargy
—	—	—	Bloating	—	—	—	Hyperactivity
—	—	—	Belching/passing gas	—	—	—	Restlessness
—	—	—	Heartburn/Reflux	—	—	—	Stress
—	—	—	Liver problems				<b>Weight</b>
—	—	—	Gallbladder problems/Stones	—	—	—	Weight gain
			<b>Musculoskeletal</b>	—	—	—	Binge eating/drinking
—	—	—	Joint pain/aches	—	—	—	Decreased appetite
—	—	—	Arthritis	—	—	—	Food cravings
—	—	—	Muscle pain/aches	—	—	—	Inability to lose weight
—	—	—	Stiffness/limited movement	—	—	—	Weight loss
—	—	—	Spinal curves	—	—	—	Water retention
			<b>Skin</b>				<b>Genitourinary</b>
—	—	—	Eczema	—	—	—	Bed wetting
—	—	—	Acne	—	—	—	Blood in urine
—	—	—	Dermatitis	—	—	—	Uterine fibroids
—	—	—	Hives/rashes/dry skin	—	—	—	Ovarian cysts
—	—	—	Easy bruising	—	—	—	Frequent urination
—	—	—	Increased bleeding	—	—	—	Painful urination
—	—	—	Hair loss	—	—	—	Kidney/urinary infections
				—	—	—	Cancer (ovarian, uterine, prostate)

