

Patient Name: _____ Date: _____

What is the main reason you came here today? _____

How long have you had this problem? _____ Has it been getting worse? _____

Please list all other physicians that you see: _____

Review of systems (please check symptom)

General

- Fatigue
- Weight Gain
- Weight Loss
- Loss of Appetite
- Fever
- Chills
- Sweats

Respiratory

- Cough
- Phlegm Production
- Wheezing
- Shortness of Breath
- Tightness in the Chest
- Coughed Up Blood

Sleep

What time do you go to bed? _____

How long does it take to fall asleep? _____

How many times do you awaken? _____

How many hours do you sleep? _____

What time do you arise? _____

Do you feel rested? Yes No

Do you take naps? Yes No

If yes, for how long? _____

Restless Sleep

Night Sweats

Snoring

Awaken with a dry mouth

Awaken with a headache

Are you tired or sleepy during the day?

Yes No

Do you doze off while: Reading

Watching TV Driving Sitting

Working Riding in a Car

Are you using a Nasal CPAP or BIPAP?

Yes No

if yes, every night? Yes No

How many hours do you use it? _____

Do you use Oxygen? Yes No

Do you use a Chin Strap? Yes No

Do you use a humidifer? Yes No

Fall asleep when you want to stay awake

Take unscheduled naps

Feel unable to move (paralyzed)

Go limp when angry, happy or surprised

Attempted to act out your dreams

IF YOU HAVE MEDICAL EQUIPMENT, WHO IS THE PROVIDER /

DURABLE MEDICAL EQUIPMENT COMPANY? _____

Cardiovascular

- Chest Pain
- Palpitations
- Dizziness
- Shortness of Breath
- Ankle Swelling

Eyes / Ears

- Blurred Vision
- Double Vision
- Hearing Loss
- Vertigo
- Ear Infection

Nose / Sinus / Throat

- Clearing of Throat
- Post Nasal Drainage
- Nasal Congestion
- Nasal Bleeding

Musculoskeletal

- Painful Joints
- Sore Muscles
- Weakness

Genitourinary

- Difficulty Urinating
- Burning during Urination
- Awaken to urinate at night
- Blood in urine
- Change in Sex drive
- Impotence

Sleep - Continued

- Have thoughts racing through your mind when trying to sleep
- Feel Sad or Depressed
- Worry about things while trying to sleep
- Are afraid to go to sleep
- Experience pain or discomfort
- Experience leg movements during sleep
- Have creeping, crawling sensations or aching in legs
- Feel like you must get up and move your legs
- Do your legs bother you in the evening, before bedtime
- Talk in your sleep
- Walk in your sleep
- Grit your teeth
- Wet the bed
- Experience vivid, dream like scenes
- Have fallen asleep while laughing or crying

Endocrine

- Excessive Thirst
- Hair Loss
- Sensitive to heat/cold

Skin

- Rash
- Dry Skin

Neurologic

- Unusual Headaches
- Dizziness
- Numbness
- Tingling
- Weakness
- Fainted / Passed Out
- Tremors
- Seizures

Hematology

- Easy Bruising
- Gum Bleeding
- Swollen Glands

Gastrointestinal

- Coughing when eating
- Difficulty Swallowing
- Heartburn
- GE Reflux
- Abdominal Pain
- Nausea
- Vomiting
- Diarrhea
- Constipation
- Bloody Stools
- Black Stools