

## REVIEW OF SYSTEMS

**It is very important to complete this form.** A review of systems is required when you have a medical eye exam. This information is needed for quality of care as many systemic diseases and medical problems may affect your vision and eye health. We also need this information to fulfill requirements many insurance companies have set forth for documentation of level of care and quality measures. Thank you.

Patient Name \_\_\_\_\_

**Tobacco use:** \_\_ Yes \_\_ No \_\_ Former smoker    **Flu Immun** \_\_Yes \_\_No    **Pneumonia Vac** \_\_Yes \_\_No

**Please "X" if you have recently had any of the following.**

### GENERAL

- Fever
- Weight Loss
- Weight gain

### INTEGUMENTARY

- Changing moles
- Rash
- Itching

### EARS/NOSE/THROAT

- Hearing loss
- Dry mouth
- Sinus problems

### RESPIRATORY

- Wheezing
- Congestion
- Cough

### CARDIOVASCULAR

- Irregular or rapid heartbeat
- High blood pressure
- Swelling of feet/ankles

### GASTROINTESTINAL

- Diarrhea
- Constipation
- Nausea

### GYNECOLOGICAL

*(Women Only)*

- Pregnant or planning a pregnancy

### MUSCULOSKELETAL

- Joint pain
- Back pain and stiffness
- Arthritis

### NEUROLOGICAL

- Dementia
- Headaches
- Stroke
- Seizures

### ENDOCRINE

- Diabetes
- Thyroid abnormalities
- Fatigue

### HEMATO/LYMPHATIC

- Swollen lymph nodes
- Bleeds easily
- Anemia

### PSYCHIATRIC

- Anxiety
- Depression
- Panic attacks

### ALLERGIES

- Seasonal allergies
- Allergy to adhesive
- Allergy to Latex
- Allergy to Betadine

### EYES

- Blurred vision
- Recent loss of vision
- Tearing
- Redness
- Eye pain
- Flashes/floaters
- Jaw Pain
- Scalp Tenderness

{ } ALL OF THE ABOVE SYSTEMS WERE REVIEWED WITH NEGATIVE RESPONSES