REVIEW OF SYSTEMS

Ear, nose, mouth, throat			
Sinus congestion	☐ yes	☐ No	______________________________
Runny nose	☐ yes	☐ No	______________________________
Chronic cough	☐ yes	☐ No	______________________________
Cardiovascular (Heart/Blood vessel)	☐ yes	☐ No	______________________________
Respiratory (Lungs/Breathing)	☐ yes	☐ No	______________________________
Chronic Bronchitis	☐ yes	☐ No	______________________________
Gastrointestinal (Stomach/Intestines)	☐ yes	☐ No	______________________________
Genitourinary (Genitals/Kidneys/Bladder)	☐ yes	☐ No	______________________________
Musculoskeletal			
Muscle problems	☐ yes	☐ No	______________________________
Arthritis problems	☐ yes	☐ No	______________________________
Integumentary (Skin and/or Breast)	☐ yes	☐ No	______________________________
Neurological	☐ yes	☐ No	______________________________
Psychiatric	☐ yes	☐ No	______________________________
Endocrine	☐ yes	☐ No	______________________________
Hematologic / Lymphatic	☐ yes	☐ No	______________________________
Blood	☐ yes	☐ No	______________________________
Lymph nodes	☐ yes	☐ No	______________________________
Swelling	☐ yes	☐ No	______________________________
Allergic / immunologic	☐ yes	☐ No	______________________________
Head allergy symptoms	☐ yes	☐ No	______________________________
Seasonal Allergies	☐ yes	☐ No	______________________________
Inflamatory Conditions	☐ yes	☐ No	______________________________

FAMILY HISTORY

DISEASE			**Relationship to Patient**
Blindness	☐ yes	☐ No	______________________________
Cataract	☐ yes	☐ No	______________________________
Glaucoma	☐ yes	☐ No	______________________________
Macular degeneration	☐ yes	☐ No	______________________________
Retinal Detachment	☐ yes	☐ No	______________________________
Arthritis	☐ yes	☐ No	______________________________
Cancer	☐ yes	☐ No	______________________________
Diabetes	☐ yes	☐ No	______________________________
Heart Attacks	☐ yes	☐ No	______________________________
High Blood Pressure	☐ yes	☐ No	______________________________
Kidney Disease	☐ yes	☐ No	______________________________
Lupus	☐ yes	☐ No	______________________________
Dry eye problems	☐ yes	☐ No	______________________________
Stroke	☐ yes	☐ No	______________________________
Thyroid Disease	☐ yes	☐ No	______________________________
Tuberculosis	☐ yes	☐ No	______________________________

Other Diseases____.