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HERITAGE VALLEY
HEALTH SYSTEM

Heritage Valley Medical Group
Cardiovascular and Thoracic Surgery
Vascular Surgery

Specializing in Endovascular and Vascular Surgery

Review of Systems

Do you have or have had any of the following? Circle yes, no, or ongoing.

Weight gain (recent)	Yes No Ongoing	Nausea	Yes No Ongoing
Weight loss (recent)	Yes No Ongoing	Vomiting	Yes No Ongoing
Fatigue	Yes No Ongoing	Diarrhea	Yes No Ongoing
Fever or chills	Yes No Ongoing	Constipation	Yes No Ongoing
Night sweats	Yes No Ongoing	Change in appetite	Yes No Ongoing
Rashes	Yes No Ongoing	Change in bowel habits	Yes No Ongoing
Open wounds/sores	Yes No Ongoing	Blood in stool	Yes No Ongoing
Headaches	Yes No Ongoing	Abdominal pain	Yes No Ongoing
Changes in vision	Yes No Ongoing	Hepatitis	Yes No Ongoing
Changes in hearing	Yes No Ongoing	Frequent urination	Yes No Ongoing
Hoarseness	Yes No Ongoing	Painful urination	Yes No Ongoing
Swollen glands	Yes No Ongoing	Slow urination	Yes No Ongoing
Sore throat	Yes No Ongoing	Blood in urine	Yes No Ongoing
High blood pressure	Yes No Ongoing	Muscle weakness	Yes No Ongoing
Chest pain	Yes No Ongoing	Joint stiffness	Yes No Ongoing
Pain in legs when walking	Yes No Ongoing	Arthritis	Yes No Ongoing
Varicose Veins	Yes No Ongoing	Tremors	Yes No Ongoing
Swelling in legs	Yes No Ongoing	Passing out	Yes No Ongoing
Shortness of breath at rest	Yes No Ongoing	Seizures	Yes No Ongoing
Shortness of breath with activity	Yes No Ongoing	Anemia	Yes No Ongoing
Cough	Yes No Ongoing	History of blood transfusion	Yes No Ongoing
Coughing up blood	Yes No Ongoing	Easy bruising	Yes No Ongoing
Wheezing	Yes No Ongoing	Thyroid problems	Yes No Ongoing
Sputum production	Yes No Ongoing	Anxiety	Yes No Ongoing
Tuberculosis	Yes No Ongoing	Depression	Yes No Ongoing
Trouble with memory	Yes No Ongoing		

Do you smoke? Yes No If yes, how much per day? _____
How many years? _____
When did you quit? _____

Do you drink alcohol? Yes No If yes, how much per day? _____

Do you use social drugs? Yes No If yes, how much per day? _____

I hereby state that the above information is true and correct to the best of my knowledge.

Signature:_____

Date:_____