REVIEW OF SYSTEMS

SHEEHY ANKLE & FOOT CENTER

PAUL L SHEEHY, JR., DPM, Medical Director

Name: _____ DOB: _____

Notes

GENERAL CONSTITUTIONAL

NO	YES	
☐	☐	Recent weight loss
☐	☐	Fever
☐	☐	Chills

EYES/VISION

NO	YES	
☐	☐	Vision changes

EARS, NOSE & THROAT

NO	YES	
☐	☐	Hearing loss

HEART/ CARDIOVASCULAR

NO	YES	
☐	☐	Chest pain or pressure
☐	☐	Arrythmia or palpitations
☐	☐	Shortness of breath
☐	☐	Peripheral edema
☐	☐	Blood clots
☐	☐	Varicose veins
☐	☐	Cramping in thights

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SHEEHY
ANKLE & FOOT CENTER

RESPIRATORY

NO	YES	
☐	☐	Cought
☐	☐	Shortness of breath
☐	☐	Wheezing

GASTROINTESTINAL

NO	YES	
☐	☐	Abdominal pain
☐	☐	Heartburn
☐	☐	Bloody stool

GENITOURINARY

NO	YES	
☐	☐	Frequent urination
☐	☐	Urgency

MUSCULOSKELETAL

NO	YES	
☐	☐	Joing pain or swelling
☐	☐	Restricted motion
☐	☐	Musculoskeletal pain

SKIN & INTEGUMENTARY

NO	YES	
☐	☐	Rashes
☐	☐	Sores
☐	☐	Blisters
☐	☐	Growths

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NEUROLOGICAL

NO	YES	
☐	☐	Numbness or tingling
☐	☐	Sensation loss
☐	☐	Burning

PSYCHIATRIC

NO	YES	
☐	☐	Nervousness, anxiety
☐	☐	Depression

ENDOCRINE

NO	YES	
☐	☐	Heat or cold intolerance
☐	☐	Excessive thirst

HEMATOLOGIC/ LYMPHATIC

NO	YES	
☐	☐	Abnormal bleeding
☐	☐	Bleeding

ALL/IMMUNOLOGIC

NO	YES	
☐	☐	Allergic reaction
☐	☐	Recurrent infections

Signature: _____ Date: _____