Baptist Health Lonoke School Clinic form

Name_____ DOB_____ Date_____

Review of Systems (Please circle all that apply)

General: Fever, Chills, Fatigue, Weight Loss, Weight Gain

Eyes: Eye Pain, Eye Discharge, Vision Change

ENT: Ear Pain, Ear Drainage, Hearing Loss, Chronic Cough, Nasal Drainage

Cardio: Chest Pain, Palpitations, Swelling Legs

Respiratory: Cough, Shortness of Breath, Wheezing

GI: Abdominal Pain, Diarrhea, Constipation

GU: Pain with Urination, Frequency, Urgency, Discharge

Neuro: Confusion, Concussion, Numbness, tingling, Memory loss

Endocrine: Unexpected weight changes, Excessive Thirst, Hot spells

Heme-Lymph: Bleeding, Bruising, History of Transfusions

Skin: Rash, Itching, Sores, Color changes

Musculoskeletal: Back Pain, Joint Stiffness, Joint Swelling

Emotional: Depression, anxiety, Other_____

Medications:

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Allergies:

Medical History: Asthma, Heart disease, Hypertension, Diabetes, Kidney disease

Other_____

Past SurgicalHistory_____