INTEGRATED ANESTHESIA ASSOCIATES
PAIN MANAGEMENT

REVIEW OF SYSTEMS

Please review the following symptoms and check those that you are experiencing.

NAME_____ **DATE OF BIRTH**_____

Constitutional ☐ None
- ☐ Activity change
- ☐ Appetite change
- ☐ Chills
- ☐ Sweating
- ☐ Fatigue
- ☐ Fever
- ☐ Unexpected weight change

Head ☐ None
- ☐ Congestion
- ☐ Ear Pain
- ☐ Face swelling
- ☐ Sore throat
- ☐ Sinus pressure/pain
- ☐ Tinnitus

Eyes ☐ None
- ☐ Eye pain
- ☐ Eye redness
- ☐ Sensitivity to light
- ☐ Visual changes/disturbance

Respiratory ☐ None
- ☐ Apnea
- ☐ Chest tightness
- ☐ Cough
- ☐ Shortness of breath
- ☐ Wheezing

Cardiac ☐ None
- ☐ Chest pain
- ☐ Leg swelling
- ☐ Palpitations

Gastrointestinal ☐ None
- ☐ Bloating
- ☐ Abdominal pain
- ☐ Bleeding
- ☐ Constipation
- ☐ Diarrhea
- ☐ Nausea
- ☐ Rectal pain
- ☐ Vomiting

Endocrine ☐ None
- ☐ Cold intolerance
- ☐ Heat intolerance
- ☐ Excessive thirst
- ☐ Excessive urination

Genitourinary ☐ None
- ☐ Difficulty urinating
- ☐ Pain with urination
- ☐ Flank pain
- ☐ Frequent urination
- ☐ Genital sore
- ☐ Bleeding with urination
- ☐ Pelvic pain
- ☐ Urinary urgency
- ☐ Vaginal bleeding/discharge

Musculoskeletal ☐ None
- ☐ Joint pain
- ☐ Back pain
- ☐ Gait difficulty
- ☐ Joint swelling
- ☐ Muscle pain
- ☐ Neck pain
- ☐ Neck stiffness

Skin ☐ None
- ☐ Color change
- ☐ Rash
- ☐ Wounds

Immune System ☐ None
- ☐ Environmental allergies
- ☐ Food allergies
- ☐ Immune compromise

Neurological ☐ None
- ☐ Dizziness
- ☐ Headaches
- ☐ Light-headedness
- ☐ Numbness
- ☐ Tingling
- ☐ Seizures
- ☐ Loss of consciousness
- ☐ Weakness

Blood ☐ None
- ☐ Bruising or easy bleeding

Psychological ☐ None
- ☐ Agitation
- ☐ Confusion
- ☐ Decreased concentration
- ☐ Depressed mood
- ☐ Hallucinations
- ☐ Hyperactive
- ☐ Anxiety
- ☐ Self injury
- ☐ Sleep disruption
- ☐ Suicidal ideas