

# Health Questionnaire - Review of Systems



12189 W. 64<sup>th</sup> Ave. #102  
 Arvada, CO 80004  
 303-424-9549  
 www.arvadasportandspine.com

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Check the health problems you currently have or have had previously:

## Cardiovascular:

	<u>Present</u>	<u>Past</u>	<u>No</u>
Poor Circulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High Blood Pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aortic Aneurism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vascular Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart Attack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chest Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High Cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pace Maker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jaw Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irregular Heartbeat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swelling of Legs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Genitourinary:

	<u>Present</u>	<u>Past</u>	<u>No</u>
Kidney Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lower Side Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Burning Urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequent Urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood in Urine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kidney Stone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Hematologic / Lymphatic:

	<u>Present</u>	<u>Past</u>	<u>No</u>
Hepatitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood Clots	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Easy Bruising	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Easy Bleeding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fever/Chills/Sweats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Respiratory:

	<u>Present</u>	<u>Past</u>	<u>No</u>
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuberculosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shortness of Breath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emphysema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cold/Flu	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cough/Wheezing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Ear/Nose/Throat:

	<u>Present</u>	<u>Past</u>	<u>No</u>
Dizziness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing Loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sinus Infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nosebleed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sore Throat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty Swallowing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bleeding Gums	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Eyes:

	<u>Present</u>	<u>Past</u>	<u>No</u>
Glaucoma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Double Vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blurred Vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Integumentary:

	<u>Present</u>	<u>Past</u>	<u>No</u>
Skin Lesions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin Ulcers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eczema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psoriasis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rashes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Allergic / Immunologic:

	<u>Present</u>	<u>Past</u>	<u>No</u>
Hives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immune Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV / AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergy Shots	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cortisone Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Gastrointestinal:

	<u>Present</u>	<u>Past</u>	<u>No</u>
Galbladder Problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bowel Problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Constipation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liver Problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ulcers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea / Vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bloody Stools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor Appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Musculoskeletal:

	<u>Present</u>	<u>Past</u>	<u>No</u>
Gout	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Joint Stiffness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle Weakness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteoporosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Broken Bones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Joints Replaced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Endocrine:

	<u>Present</u>	<u>Past</u>	<u>No</u>
Thyroid Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hair Loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menopausal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menstrual Problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Psychiatric:

	<u>Present</u>	<u>Past</u>	<u>No</u>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unusual Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Constitutional:

	<u>Present</u>	<u>Past</u>	<u>No</u>
Weight Loss / Gain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Energy Level Problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty Sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Neurological:

	<u>Present</u>	<u>Past</u>	<u>No</u>
Babinski	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seizures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Head Injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multiple Sclerosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brain Aneurysm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Numbness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Severe Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pinched Nerves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parkinson's Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carpal Tunnel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spinning / Balance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>