



CHRISTOPHER T. CHIA, M.D.

Patient: _____

Review of Systems: Mark any symptoms or illnesses, which have occurred in the past five years or may impact your health (such as chronic diseases or disability) or this hospitalization/surgery.

General	Normal	Fever	Weight loss/gain	
Neurologic	Normal	Head injury	Stroke	Seizure
		Memory loss	Paralysis	
Eyes	Normal	Poor vision	Cataracts	Glaucoma
Ears	Normal	Poor hearing	Hearing aid	Balance problems
Nose/Throat	Normal	Nosebleeds	Allergies	Frequent stuffiness
Mouth	Normal	Dental problems	Loose teeth or dentures	
Neck	Normal	Goiter	Neck pain	Swollen glands
Endocrine	Normal	Thyroid disease	Diabetes	
Heart	Normal	Heart attack	High blood pressure	Heart murmur
		Palpitations	Chest pain/angina	Rheum. Fever
Lungs	Normal	Difficulty breathing	Chronic cough	Wheezing
		Spitting up blood	Bronchitis	Asthma
		Emphysema	Pneumonia	Tuberculosis
Digestive	Normal	Difficulty swallowing	Heartburn/ulcer	Diarrhea
		Nausea/vomiting	Constipation	
Liver	Normal	Hepatitis	Jaundice	Gallstones
Urinary	Normal	Blood in urine Hem dialysis	Kidney stone	Kidney failure
Back	Normal	Back injury	Chronic back ache or stiffness	
Extremities	Normal	Joint pain/injury	Weakness/paralysis	Arthritis
Bleeding	Normal	Easy bruising	prolonged bleeding	
		Bloody urine/stool	Anemia	
		Transfusion	Heavy menstrual bleeding	
Gynecologic	Not applicable/Normal		Other _____	