

NEW PATIENT - DR KHAN - REVIEW OF SYSTEMS

CHECK ALL THAT APPLY TO YOU

<p>GENERAL:</p> <p><input type="checkbox"/> RECENT WEIGHT CHANGES (INCREASED)</p> <p><input type="checkbox"/> RECENT WEIGHT CHANGES (DECREASED)</p> <p><input type="checkbox"/> RENAL- RECENT HOSPITALIZATIONS</p>	<p>ENDOCRINE:</p> <p><input type="checkbox"/> DIABETIC</p> <p><input type="checkbox"/> THYROID DISEASE</p>
<p>SKIN:</p> <p><input type="checkbox"/> CHANGE IN HAIR</p> <p><input type="checkbox"/> CHANGE IN NAILS</p>	<p>PSYCHIATRIC:</p> <p><input type="checkbox"/> DEPRESSION</p> <p><input type="checkbox"/> ANXIETY</p>
<p>HEENT:</p> <p><input type="checkbox"/> WEARS GLASSES</p> <p><input type="checkbox"/> WEARS CONTACT LENSES</p> <p><input type="checkbox"/> GLAUCOMA</p> <p><input type="checkbox"/> CATARACTS</p> <p><input type="checkbox"/> HEARING LOSS</p>	<p>Health maintenance</p> <p><input type="checkbox"/> PNEUMONIA VACCINE if yes, date: _____</p> <p><input type="checkbox"/> INFLUENZA VACCINE if yes, date last given: _____</p>
<p>RESPIRATORY:</p> <p><input type="checkbox"/> SHORTNESS OF BREATH</p> <p><input type="checkbox"/> OXYGEN USE</p>	<p>MEDICATION/STRENGTH/FREQUENCY:</p>
<p>CARDIOVASCULAR:</p> <p><input type="checkbox"/> CHEST PAIN</p> <p><input type="checkbox"/> SWELLING OF HANDS</p> <p><input type="checkbox"/> SWELLING OF ANKLES</p>	
<p>GASTROINTESTINAL:</p> <p><input type="checkbox"/> BLOOD IN STOOL</p> <p><input type="checkbox"/> CONSTIPATION</p> <p><input type="checkbox"/> FREQUENT DIARRHEA</p> <p><input type="checkbox"/> LOSS OF APPETITE</p>	
<p>GENITOURINARY:</p> <p><input type="checkbox"/> BLOOD IN URINE</p> <p><input type="checkbox"/> KIDNEY STONE</p> <p><input type="checkbox"/> BURNING/PAINFUL URINATION</p>	
<p>NEUROLOGICAL:</p> <p><input type="checkbox"/> STROKE</p> <p><input type="checkbox"/> SEIZURES</p> <p><input type="checkbox"/> HEAD INJURY</p>	
<p>HEMATOLOGY:</p> <p><input type="checkbox"/> ANEMIA</p> <p><input type="checkbox"/> CANCER</p>	
<p>NAME:</p> <hr style="border: 1px solid red;"/>	
<p>DOB:</p> <hr style="border: 1px solid red;"/>	