

REVIEW OF SYSTEMS(CONTINUED)

Genitourinary (Male Patients) - penile pain; infection; sores; abnormality of testicles; scrotal swelling; varicocele; prostatitis; stricture; sterility; difficulty in sexual functioning; other than listed:	
Genitourinary (Female Patients) - breast discharge, swelling, lumps, pain, or infection; nipple changes or irritation; vaginal pain; infection; discharge or itch; known uterine fibroids or tumors; tubal infections; abnormality of menstrual flow; painful menses; infertility or difficulty in becoming pregnant; marked change in body hair distribution; difficulty in sexual functioning; other than listed:	
Neurological - severe or frequent headaches; unusual head or neck tension; dizziness; fainting spells; seizures; tics or convulsions; shaking or twitching spells; severe lapses of memory; blackout; other than listed:	
Emotional or Psychological - emotional illness; depression; recurrent feelings of loneliness or hopelessness; excessive worry; severe tension; feelings of worthlessness; recurrent fear; nervous exhaustion; frequent crying; insomnia; nervous breakdown; frequent nightmares; hysterical attacks; constant unhappiness; other than listed:	
Workman's compensation claim or litigation involving illness or injury. Prior, present, Pending or anticipated: _____ Explain: _____ _____	
Other medical conditions/hospitalizations not listed:	

FAMILY HISTORY

Please complete the following and enter all medical conditions of each person. Refer to list of conditions under MEDICAL HISTORY section and also add any orthopedic condition or symptoms that any member of your family has now or did have.

Deceased or living (D/L)	Age now or at time of death	Medical condition, cause of death, if deceased
Father		
Mother		
Brothers/Sisters (list)		
Children (list)		