Review of Systems

Do you have or have you had any of the following?

Constitutional:		
Fever	Yes	No
Eyes:		
Double Vision	Yes	No
ENMT:		
Hearing Loss	Yes	No
Respiratory:		
Shortness of Breath	Yes	No
Gastrointestinal:		
Nausea	Yes	No
Vomiting	Yes	No
Skin		
Rash	Yes	No
Musculoskeletal:		
Limited Motion	Yes	No
Joint Pain	Yes	No
Neurological:		
Numbness/ Tingling	Yes	No
Cardiovascular:		
Swelling	Yes	No
Hematologic:		
Blood Clot	Yes	No