AZALEA ORTHOPEDICS
A DIVISION OF OrthoLoneStar

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Review of Systems

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

Name: ____________________

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