

**NORTHSIDE CHEROKEE SURGICAL ASSOCIATES**

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**SURGERY REVIEW OF SYSTEMS**

Please check/circle if you are experiencing or have experienced the following symptoms.

**Review of Symptoms**

General	<input type="checkbox"/> Weakness	Endocrine	<input type="checkbox"/> Heat intolerance
	<input type="checkbox"/> Lack of appetite		<input type="checkbox"/> Cold intolerance
	<input type="checkbox"/> Weight Loss		<input type="checkbox"/> Increased thirst
Eyes	<input type="checkbox"/> Decreased ability to see	Musculoskeletal	<input type="checkbox"/> Neck Pain
	<input type="checkbox"/> Loss of vision	(Bone, joint or muscle problems)	<input type="checkbox"/> Right Shoulder or arm pain
Skin	<input type="checkbox"/> Change in skin color or temperature		<input type="checkbox"/> Left Shoulder or arm pain
	<input type="checkbox"/> Nail changes		<input type="checkbox"/> Back pain
	<input type="checkbox"/> Skin ulcers		Pain down your legs
Respiratory (Lung or breathing problems)	<input type="checkbox"/> Asthma		<input type="checkbox"/> Right leg pain
	<input type="checkbox"/> Shortness of breath at rest		<input type="checkbox"/> Left leg pain
	<input type="checkbox"/> Shortness of breath with exertion		<input type="checkbox"/> Painful joints
Cardiovascular (Heart problems)	<input type="checkbox"/> Chest pain/tightness/squeezing	Neurologic (Brain or nerve problems)	<input type="checkbox"/> Deformities of the joints or extremities
	<input type="checkbox"/> Need to sit up to breathe		<input type="checkbox"/> Headaches
	<input type="checkbox"/> Irregular heart beat (palpitations)		<input type="checkbox"/> Blackouts
	<input type="checkbox"/> Swelling of the legs		<input type="checkbox"/> Dizziness
	<input type="checkbox"/> Varicose Veins		<input type="checkbox"/> Double vision
	<input type="checkbox"/> Leg pain at rest		<input type="checkbox"/> Numbness or tingling?
	<input type="checkbox"/> Leg pain with exertion		Where? _____
	<input type="checkbox"/> Blue/purple discoloration of hands/feet		Paralysis or weakness of limbs
Gastrointestinal (GI or abdominal problems)	<input type="checkbox"/> Nausea	Psychiatric (Mental health)	<input type="checkbox"/> Loss of sensation
	<input type="checkbox"/> Vomiting		<input type="checkbox"/> Loss of balance or coordination
	<input type="checkbox"/> Diarrhea		<input type="checkbox"/> Problems speaking
	<input type="checkbox"/> Abdominal pain		<input type="checkbox"/> Depression
	<input type="checkbox"/> Abdominal pain after eating		<input type="checkbox"/> Anxiety
	<input type="checkbox"/> Blood in stools		
Genito-urinary System (Urination problems)	<input type="checkbox"/> Pain or burning on urination		
	<input type="checkbox"/> Frequent urination		
	<input type="checkbox"/> Unusually large volumes of urine		
	<input type="checkbox"/> Extreme urge to urinate		