Michigan Neurology Associates, P.C.

New Patient Review of Systems

Please circle any of the following symptoms that you are experiencing, initial below and return this form.

Constitutional	**Recent weight gain** **Recent weight loss**
Eyes	**Recent vision change** **Eye injury** **Double vision**
HEENT	**Recent hearing change** **Tinnitus** **Ear drainage** **Bad breath or bad taste** **Voice change**
Cardiovascular	**Chest pain** **Swelling of extremities** **Varicose veins** **Palpitations** **Cold extremities** **Shortness of breath** **Leg pain while walking**
Respiratory	**Frequent cough** **Wheezing** **Coughing up blood**
Gastrointestinal	**Trouble swallowing** **Loss of appetite** **Fequent diarrhea** **Abdominal pain** **Nausea/vomiting** **Black stool** **Constipation** **Indigestion/heart burn**
Genitourinary	**Frequent urination** **Night time urination** **Sexual difficulty** **Burning/painful urination** **Change in force/stream** **Urinary urgency** **Urinary incontinence**
Integument	**Rash** **Itching**
Neurologic	**Headache** **Paralysis** **Leg cramps/jerks** **Light headed/dizzy** **Memory loss** **Unrefreshed in the AM** **Passing out** **Concussion** **Morning headache** **Head injury** **Convulsions/seizures** **Numbness/tingling** **insomnia** **Excessive day sleepiness** **Tremors** **Weakness** **Snoring**
Musculoskeletal	**Joint Pain** **Joint stiffness** **Joint swelling** **Muscle weakness** **Neck pain** **Back Pain** **Muscle pain/cramps** **Difficulty walking**
Endocrine	**Hormone problem** **Excessive thirst** **Change in hat/glove size** **Cold intolerance**
Psychiatric	**Depression** **Panic attacks** **Nervousness** **Anxiety** **Street drug use in family** **Easy/uncontrolled crying** **Easy/uncontrolled laughing**
Heme-Lymph	**Easy bruising** **Prolonged bleeding**

Patient Initials:_____

Reviewed By:_____