

SYSTEM REVIEW

Not Done:

RESPIRATORY

Cough Productive/ Dry / Hacking
Sputum
Haemoptysis
Wheezing
Dyspnea / Orthopnea
Pain Forced Inhalation / Exhalation

Not Done:

CARDIOVASCULAR

Pain Chest/ Jaw/ Arm
Palpitations
Dyspnea At Rest / On Exertion
Orthopnea
Ankle Oedema
Syncope
Varicosities

Not Done:

GASTROINTESTINAL

Weight Gain / Loss Actively Dieting
Appetite
Nausea
Pain
Bowel Habit
Stool
Haemorrhoids
Indigestion
Thirst
Vomiting
Gas
Bleeding
Jaundice

Not Done:

NERVOUS

Mental State
Seizures
Vertigo
Visual Disturbance/Double/Blurred Vision
Tremor
Weakness
Parasthesia
Sleep
Headache
Syncope
Pain

SYSTEM REVIEW

Not Done:

ENDOCRINE

PM Sweats
Hot/cold Sweats
Hot/cold intolerance
Dry Skin
Coarse hair/ facial hair
Voice changes

Not Done:

GENITO-URINARY

Frequency
Bleeding
Mense
Pain
Incontinence/Urgency/Hesitation/Leaking/PM Voiding
Pregnancy
Recurrent Kidney / Bladder Infections

Not Done:

MUSCULOSKELETAL

Pain
Stiffness
Fracture
Weakness
Swelling

Not Done:

ALLERGY

Dairy
Dust
Pollen
Wheat/Gluten/Nuts
Mites/Animal Dander
Meds

Not Done:

HEMATOPOIETIC

Pallor
Bleeding
Jaundice
Bruising

Not Done:

ENT

Ears
Eyes
Nose
Throat
Mouth
Teeth
Skin