

# CHRISTIANA CARE HEALTH SYSTEM

## Department of Obstetrics and Gynecology Center for Uro-Gynecology and Pelvic Surgery

### REVIEW OF SYSTEMS

Have you had any problems related to the following symptoms in the past month? Circle Yes or No

#### General

Fatigue	Y	N
Fever	Y	N
Feel Ill	Y	N
Night Sweats	Y	N
Weight Gain	Y	N
Weight Loss	Y	N

#### Ears, Nose, Throat

Hearing Loss	Y	N
Runny Nose	Y	N
Ringing in ears	Y	N
Sinus problems	Y	N
Sore mouth	Y	N
Sore throat	Y	N

#### Eyes

Vision Changes	Y	N
----------------	---	---

#### Skin

Hair loss	Y	N
Lesions	Y	N
Rash	Y	N
Worrisome Mole	Y	N

#### Allergy/ Immunologic

Hay fever	Y	N
HIV Exposure	Y	N
Hives	Y	N
Persistent infections	Y	N

#### Breast

Breast lump	Y	N
-------------	---	---

#### Respiratory

Cough	Y	N
Short of Breath while lying down	Y	N
Post Nasal Drip	Y	N
Short of Breath	Y	N
Wheezing	Y	N

#### Cardiovascular

Chest Pain	Y	N
Leg pain with motion	Y	N
Swelling in legs	Y	N
Palpitations	Y	N
Swelling anywhere else	Y	N

#### Endocrine

Cold intolerance	Y	N
Heat intolerance	Y	N
Excessive Thirst	Y	N
Excess amount of urine	Y	N
Night Sweats	Y	N

#### Hematologic/ Lymphatic

Abnormal bruising	Y	N
Excess bleeding	Y	N
Swollen lymph glands	Y	N

#### Genitourinary

Burning with urination	Y	N
Urinary frequency	Y	N
Blood in urine	Y	N
Kidney stones	Y	N

#### Gynecologic

Incontinence	Y	N
Menstrual irregularity	Y	N
Vaginal Discharge	Y	N
Vaginal Dryness	Y	N
Vaginal itching	Y	N
Vaginal discomfort	Y	N
Sexual dysfunction	Y	N

#### Gastrointestinal

Abdominal Pain	Y	N
Constipation	Y	N
Diarrhea	Y	N
Difficulty swallowing	Y	N
Blood in stool	Y	N
Nausea	Y	N
Vomiting	Y	N

#### Musculoskeletal

Back Pain	Y	N
Neck Pain	Y	N
Joint Pain	Y	N
Stiffness	Y	N

#### Psychology

Sleep problems	Y	N
Depression	Y	N
Anxiety	Y	N
Suicidal thoughts	Y	N
Hallucination	Y	N

#### Neurologic

Headache	Y	N
Weakness	Y	N
Numbness	Y	N
Memory loss	Y	N
Tingling	Y	N
Tremor	Y	N