

# LUFKIN ENT & ALLERGY

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## REVIEW OF SYSTEMS

DO YOU NOW HAVE ANY PROBLEMS RELATED TO THE FOLLOWING SYSTEMS?  
CIRCLE YES OR NO. PLEASE EXPLAIN ANY YES ANSWERS IN SPACE PROVIDED.

<p><b>CONSTITUTIONAL/GENERAL</b></p> <p>CHILLS..... Y N</p> <p>FATIGUE..... Y N</p> <p>FEVER..... Y N</p> <p>LOSS OF APPETITE..... Y N</p> <p>HEADACHES..... Y N</p> <p>WEIGHT GAIN..... Y N</p> <p>WEIGHT LOSS..... Y N</p> <p><b>EAR/NOSE/THROAT</b></p> <p>EAR DRAINAGE..... Y N</p> <p>EAR BLEEDING..... Y N</p> <p>EAR FULLNESS..... Y N</p> <p>EAR INFECTION..... Y N</p> <p>EAR ITCHING..... Y N</p> <p>EAR PAIN..... Y N</p> <p>EAR PULLING..... Y N</p> <p>RINGING IN THE EARS..... Y N</p> <p>VERTIGO..... Y N</p> <p>HEARING LOSS..... Y N</p> <p>NASAL CONGESTION..... Y N</p> <p>NOSE BLEEDS..... Y N</p> <p>SINUS DRAINAGE..... Y N</p> <p>SINUS PRESSURE..... Y N</p> <p>SNORING..... Y N</p> <p>SORE THROAT..... Y N</p> <p><b>CARDIOVASCULAR</b></p> <p>FAINTING..... Y N</p> <p>HEART TROUBLE..... Y N</p> <p>HIGH BLOOD PRESSURE..... Y N</p> <p>PALPITATIONS..... Y N</p> <p>CHEST PAIN..... Y N</p> <p><b>RESPIRATORY</b></p> <p>BRONCHITIS..... Y N</p> <p>COUGH..... Y N</p> <p>SHORTNESS OF BREATH..... Y N</p> <p>WHEEZING..... Y N</p>	<p><b>ENDOCRINE</b></p> <p>EXCESSIVE THIRST..... Y N</p> <p>HOT FLASHES..... Y N</p> <p>NIGHT SWEATS..... Y N</p> <p>TIRED/SLUGGISH..... Y N</p> <p>HAIR LOSS..... Y N</p> <p>BRITTLE NAILS..... Y N</p> <p><b>GASTROINTESTINAL</b></p> <p>ABDOMINAL PAIN..... Y N</p> <p>DIARRHEA..... Y N</p> <p>IRRITABLE BOWEL SYNDROME..... Y N</p> <p>NAUSEA/VOMITING..... Y N</p> <p>ULCERS..... Y N</p> <p>INDIGESTION/HEARTBURN..... Y N</p> <p><b>INFECTIOUS DISEASE</b></p> <p>HIV..... Y N</p> <p>MRSA, STAPH INFECTION..... Y N</p> <p>SERRATIA MARCESCENS..... Y N</p> <p>HEP C..... Y N</p> <p>CORONA VIRUS..... Y N</p> <p><b>MUSCULOSKELETAL</b></p> <p>BACK PAIN..... Y N</p> <p>JOINT PAIN..... Y N</p> <p>KNEE PAIN..... Y N</p> <p>MUSCLE PAIN..... Y N</p> <p>NECK PAIN..... Y N</p> <p><b>NEUROLOGICAL</b></p> <p>HEADACHES / MIGRAINE..... Y N</p> <p>LOSS OF CONSCIOUSNESS..... Y N</p> <p>TREMORS..... Y N</p> <p>NUMBNESS/TINGLING..... Y N</p> <p>STROKE..... Y N</p> <p><b>HEMATOLOGIC</b></p> <p>BLEEDING DISORDER..... Y N</p> <p>SWOLLEN GLANDS..... Y N</p>	<p><b>SKIN/INTEGUMENTARY</b></p> <p>SKIN LESIONS..... Y N</p> <p>ITCHY SKIN..... Y N</p> <p>DRY SKIN..... Y N</p> <p>PROBLEM SCARRING..... Y N</p> <p>SKIN RASH..... Y N</p> <p>SKIN CANCER..... Y N</p> <p>SUSPICIOUS LESION..... Y N</p> <p><b>GENITOURINARY</b></p> <p>BURNING OR PAIN WITH URINATION... Y N</p> <p>URINE RETENTION..... Y N</p> <p>URINATION FREQUENCY..... Y N</p> <p><b>PSYCHIATRIC</b></p> <p>FEELING SEVERELY DEPRESSED..... Y N</p> <p>HAVING EVER CONSIDERED SUICIDE... Y N</p> <p><b>EYES</b></p> <p>BLURRED VISION..... Y N</p> <p>DOUBLE VISION..... Y N</p> <p>EYE PAIN..... Y N</p> <p>ITCHY EYES..... Y N</p> <p><b>ALLERGIES/IMMUNOLOGIC</b></p> <p>SEASONAL ALLERGIES..... Y N</p> <p>DRUG ALLERGIES..... Y N</p> <p>IMMUNITY DISORDER..... Y N</p> <p>ARE IMMUNIZATIONS CURRENT..... Y N</p> <p><b>REACTION TO ANESTHESIA..... Y N</b></p> <p><b>ALLERGIC TO LATEX..... Y N</b></p>
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### FAMILY HISTORY

HEARING LOSS..... Y N  
WHO \_\_\_\_\_

EAR SURGERY..... Y N  
WHO \_\_\_\_\_

TINNITUS..... Y N  
WHO \_\_\_\_\_

VERTIGO..... Y N  
WHO \_\_\_\_\_

HEART CONDITION..... Y N  
WHO \_\_\_\_\_

CANCER..... Y N  
WHO \_\_\_\_\_

BROTHERS \_\_\_\_\_

SISTERS \_\_\_\_\_

SONS \_\_\_\_\_

DAUGHTERS \_\_\_\_\_

PETS \_\_\_\_\_