

Katz & Kade, Inc.

71 E. Hollister St.
Cincinnati, OH 45219

Review of Systems

Name: _____ DOB: ___/___/___ Date: ___/___/___

Please mark any symptoms you are currently experiencing:

General:

- Unusual fatigue
- Fever
- Weight gain or loss

Cardiovascular:

- Chest pain
- Palpitations
- Shortness of breath
- Shortness of breath while lying down
- Edema/swelling

Gastrointestinal:

- Heartburn
- Indigestion
- Difficulty swallowing
- Nausea or vomiting
- Pain in abdomen
- Change in bowel movements

Genitourinary:

- Blood in urine
- Abnormal vaginal bleeding
- Flank pain
- Trouble urinating
- Incontinence
- Urgency
- Vulvar rash
- Vulvar lesion
- Abnormal discharge
- Vaginal odor
- Vaginal itching

Endocrine:

- Abnormal hunger or thirst

Menstrual Cycle:

- Mood swings
- Irritability
- Tension/anxiety
- Depression
- Breast tenderness
- Bloating

Menopausal/Sexual Problems:

- Hot flashes or night sweats
- Vaginal dryness
- Decreased libido
- Pain with intercourse

Psychological:

- Depression
- Alcoholism

Are there other issues you would like to address today? _____

Patient signature: _____ **Date:** ___/___/___

Physician signature: _____ **MD Date:** ___/___/___