GENESIS
Neuroscience Clinic

Review of Symptoms

Patient Name_____ Date of Birth_____

Please circle all that apply to you TODAY:

General	confusion, fatigue, fever, weakness, weight gain/loss, recent infections
Integumentary	rashes, ulcers, skin breakdown
Head	head injury
Eyes	blurred vision, change in vision
ENT	dental problems, drooling, dry mouth, hearing loss, ringing in ears, hoarseness, difficulty swallowing
Neck	lumps in neck, “swollen glands”
Endocrine	heat intolerance, cold intolerance, diabetes
Respiratory	cough, shortness of breath, wheezing
Cardiovascular	chest pain, palpitations, edema
Gastrointestinal	abdominal pain, constipation, diarrhea, nausea, vomiting
Genitourinary	urinary incontinence, recurrent UTIs
Hematologic	bleeding, bruising
Musculoskeletal	gait changes, falls
Neuro	changes in balance and coordination, increased confusion, dizziness, headache, memory loss, seizures, speech difficulty, tremor
Psych	agitation, anxiety, depression, hallucinations, irritability

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