

REVIEW OF SYSTEMS Date:

o you n	low o	r have you recently had any of the following?
Yes		
		New or changing mole
		Problems with healing.
		Problems with scarring (hypertrophic or keloid)
		Problems with bleeding or blood clots.
$\overline{\Box}$	$\overline{\Box}$	Migraines
$\overline{\Box}$	$\overline{\Box}$	Anxiety
$\overline{\Box}$	$\overline{\Box}$	Depression
		Dialysis or kidney disease
		Bloody urine
$\overline{\Box}$	$\overline{\Box}$	Rash
$\overline{\Box}$	$\overline{\Box}$	Hearing loss
\Box	$\overline{\Box}$	Sore throat
\Box	$\overline{\Box}$	Abdominal pain
\Box	$\overline{\Box}$	Bloody stool
\Box	П	GI upset with antibiotics
	П	Blurry vision
		Chest pain
\Box	$\overline{\Box}$	Cough
\Box	П	Shortness of breath
\Box	П	Wheezing
	$\overline{\Box}$	Fever or chills
\Box	П	Night sweats
$\overline{\Box}$	$\overline{\Box}$	Unintentional weight loss
	$\overline{\Box}$	Headaches
		Seizures
		Allergy to topical antibiotic ointments
		Immunosuppression
		Hay fever
		Joint aches/arthritis
		Muscle weakness
		Neck stiffness
		Thyroid problems
		Pacemaker
		Defibrillator
		Artificial heart valve
		Rapid heart beat with epinephrine
		Pregnancy, planning a pregnancy or breastfeeding
		Diabetes or excessive urination, thirst, or hunger
		Yeast infections with antibiotics
		Artificial joint(s)
		Premedication with antibiotics prior to procedures
		Allergy to adhesive
		Allergy to lidocaine
		Rload thinners