

bodySCULPT™

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Patient: _____

Review of Systems: Mark any symptoms or illnesses, which have occurred in the past five years or may impact your health (such as chronic diseases or disability) or this hospitalization/surgery.

| | | | | |
|--------------------|------------------------------|--------------------------------|--------------------------------|---------------------|
| General | Normal | Fever | Weight loss/gain | |
| Neurologic | Normal | Head injury | Stroke | Seizure |
| | | Memory loss | Paralysis | |
| Eyes | Normal | Poor vision | Cataracts | Glaucoma |
| Ears | Normal | Poor hearing | Hearing aid | Balance problems |
| Nose/Throat | Normal | Nosebleeds | Allergies | Frequent stuffiness |
| Mouth | Normal | Dental problems | Loose teeth or dentures | |
| Neck | Normal | Goiter | Neck pain | Swollen glands |
| Endocrine | Normal | Thyroid disease | Diabetes | |
| Heart | Normal | Heart attack | High blood pressure | Heart murmur |
| | | Palpitations | Chest pain/angina | Rheum. Fever |
| Lungs | Normal | Difficulty breathing | Chronic cough | Wheezing |
| | | Spitting up blood | Bronchitis | Asthma |
| | | Emphysema | Pneumonia | Tuberculosis |
| Digestive | Normal | Difficulty swallowing | Heartburn/ulcer | Diarrhea |
| | | Nausea/vomiting | Constipation | |
| Liver | Normal | Hepatitis | Jaundice | Gallstones |
| Urinary | Normal | Blood in urine Hem dialysis | Kidney stone | Kidney failure |
| Back | Normal | Back injury | Chronic back ache or stiffness | |
| Extremities | Normal | Joint pain/injury | Weakness/paralysis | Arthritis |
| Bleeding | Normal | Easy bruising | prolonged bleeding | |
| | | Bloody urine/stool | Anemia | |
| | | Transfusion | Heavy menstrual bleeding | |
| Gynecologic | Not applicable/Normal | | Other _____ | |