



THE MILWAUKEE  
HAND  
CENTER

Patient Name \_\_\_\_\_

## Review of Systems

To help us understand your recent, overall health, please circle any of the following symptoms you've experienced recently

Constitutional:	Fever	Weight loss	Loss of energy
Eyes:	Dry eyes	Vision loss	Blurred vision
Ears/Nose/Throat:	Sore throat	Nose Bleeds	Hearing loss
Cardiovascular:	Chest pain	Heart racing	Swollen ankles
Respiratory:	Short of breath	Chronic cough	Pneumonia
GI:	Nausea	Diarrhea	
GU:	Bloody urine	Difficulty	Urinating Ulcers
Skin:	Skin infection	Open wound	Other skin condition
Neurological:	Seizures	Tremors	Severe headaches
Psychiatric:	Depression	Anxiety	
Endocrine:	Excessive thirst	Thyroid disease	
Hematologic:	Easy bruising	Easy bleeding	Anemia
Musculoskeletal:	Swollen joints	Morning stiffness	

If you have none of the above symptoms, circle the word none

NONE

If you are allergic to latex, circle the word latex

LATEX

If you currently have hepatitis, HIV, cancer or other illness that would suppress your immune system, circle the word immune.

IMMUNE

If you currently smoke cigarettes or have smoked in the past 6 months, circle the word TOBACCO.

TOBACCO

If you have had a skin infection referred to as a 'staph' infection, Circle the word STAPH.

STAPH

If you have ever had a staph infection referred to as MRSA (pronounced mirsa) or called methicillin resistant staph aureus, circle MRSA.

MRSA

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date