Pain & Rehabilitative
CONSULTANTS MEDICAL GROUP

1335 Stanford Avenue, Emeryville, CA 94608
Phone: (510) 647-5101 | Fax: (510) 647-5105

Patient Name: _____ Patient DOB: _____

Encounter Date: _____

REVIEW OF SYSTEMS

Check if you are **CURRENTLY** experiencing any of the following:

_____ Chills
_____ Night sweats
_____ Severe fatigue
_____ Fever
_____ Dizziness
_____ Headaches
_____ Wears contacts
_____ Wears glasses
_____ Blurry vision
_____ Double vision
_____ Lumps in neck
_____ Pain in neck
_____ Difficulty breathing
_____ Cough
_____ Coughing up blood
_____ Wheezing
_____ Difficulty breathing while laying flat
_____ Fainting
_____ Abnormal heartbeat
_____ Chest pain
_____ Constipation
_____ Heartburn
_____ Nausea

_____ Abdominal pain
_____ Black tarry stools
_____ Throwing up blood
_____ Urinary incontinence (wetting yourself)
_____ Blood in urine
_____ Difficulty urinating
_____ Painful urination
_____ Itching of skin
_____ Rash
_____ Yellowing of skin
_____ Balance problems
_____ Poor concentration
_____ Memory loss
_____ Numbness
_____ Seizures
_____ Tremors
_____ Weakness
_____ Excessive bleeding
_____ Blood clots
_____ Anxiety
_____ Depression
_____ Hallucinations
_____ Suicidal thoughts

_____ I am **NOT** currently experiencing any of the above listed signs and/or symptoms.

DO NOT WRITE IN THE SPACE BELOW – FOR OFFICE USE ONLY

Provider Initials: _____ I have reviewed the review of systems with the patient and it is accurate as listed above.