



Rakesh Shah, MD • BT Turakhia, MD

Jinesh Shah, MD • Francis Uricchio, MD

Salik Nazir, MD • Andrew Badalamenti, MD

450 Blossom St. Ste. D
Webster, TX 77598

Phone: 832-905-5940
Fax: 832-905-5941

NEW PATIENT REVIEW OF SYSTEMS

We are trying to make your visit to our clinic faster and more efficient. Please fill out this review of systems. *Next to each option, please bubble in yes or no.* Please only select one option and try to fill in completely. Your cooperation is appreciated and will help make your visit go a lot quicker. Thank you for your time and assistance.

PATIENT NAME: _____ **DATE of BIRTH:** _____

General/Constitutional

- Chills Yes No
- Fever Yes No
- Fatigue Yes No
- Change in appetite Yes No
- Weight loss Yes No
- Weight gain Yes No
- Lightheadedness Yes No

ENT

- Dry mouth Yes No
- Difficulty swallowing Yes No
- Sore throat Yes No

Hematology

- Easy bruising Yes No
- Prolonged bleeding Yes No

Musculoskeletal

- Leg cramps Yes No
- Muscle aches Yes No
- Joint stiffness Yes No

Peripheral Vascular

- Decreased feeling in legs Yes No
- Cold extremities Yes No

Cardiovascular

- Chest pain at rest Yes No
- Chest pain w exercise Yes No
- Difficulty laying flat Yes No
- Swelling of legs Yes No
- Irregular heartbeat Yes No
- Palpitations Yes No
- Swelling in hands Yes No

Respiratory

- Cough Yes No
- Wheezing Yes No
- Shortness of breath Yes No
- Pain w deep breaths Yes No

Gastrointestinal

- Abdominal pain Yes No
- Change in bowel habits Yes No
- Constipation Yes No
- Diarrhea Yes No
- Heartburn Yes No
- Nausea Yes No

Genitourinary

- Difficulty urinating Yes No
- Frequent urination Yes No
- Painful urination Yes No

Neurologic

- Dizziness Yes No
- Headache Yes No
- Memory loss Yes No
- Low back pain Yes No
- Tingling/ Numbness Yes No

Psychiatric

- Anxiety Yes No
- Depressed mood Yes No