

**Ammonoosuc Community Health Services**

ACHS – Littleton 25 Mount Eustis Road Littleton, NH 03561

(603) 444-2464 Fax: (603) 444-5209

**Review of Systems**

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Your responses to the following questions are confidential and will assist us in your care. You do not have to answer any question(s) that make you feel uncomfortable. Please be as honest and accurate as possible.

Do you **presently** have any of the following? *(Please check all that apply)*

**General:**

- Fevers
- Chills
- Night sweats
- Loss of appetite
- Fatigue/tires easily
- Malaise
- Weight loss
- Difficulty sleeping

**Eyes:**

- Blurred vision
  - Double vision
  - Irritation
  - Discharge/drainage
  - Loss of vision
  - Eye pain
  - Sensitivity to light
  - Wear glasses/contacts
- Last eye exam by an eye doctor:  
Date: \_\_\_\_\_

**Ears/Nose/Throat:**

- Earache
- Ear discharge/drainage
- Ringing in ears
- Decreased hearing
- Use a hearing aid
- Nasal congestion
- Nosebleeds
- Sore throat
- Hoarseness
- Difficulty swallowing
- Sore/bleeding gums
- Problems with teeth

**Cardiovascular:**

- Chest pains/tightness
- Palpitations/fluttering
- Fainting spells
- Shortness of breath on exertion
- Shortness of breath while lying flat
- Awaken at night gasping for air
- Swelling of feet/ankles/legs

**Respiratory:**

- Cough
- Shortness of breath
- Sputum/phlegm
- Blood in sputum/phlegm
- Wheezing

**Gastrointestinal:**

- Nausea
  - Vomiting
  - Diarrhea/loose stools
  - Constipation
  - Use of laxatives/enemas
  - Change in bowel habits
  - Abdominal pain
  - Heartburn/indigestion
  - Hemorrhoids
  - Rectal bleeding
  - Bloody stools
  - Black/tarry stools
  - Jaundice (yellow skin color)
- Date of last colonoscopy:  
\_\_\_\_\_

**Genitourinary:**

- Incontinence/dribbling
- Pain with urination
- Blood in urine
- Urinary frequency
- Awaken 2+ times/night to urinate
- Pelvic pain
- Genital sores

**(Men)**

- Difficulty starting to urinate
- Discharge from penis
- Problems with erection
- Pain on ejaculation
- Premature ejaculation
- Blood on ejaculation

**(Women)**

- Irregular periods
  - Painful periods
  - Missed periods
  - Abnormal vaginal bleeding
  - Vaginal dryness
  - Vaginal discharge
- First day of your last period Date: \_\_\_\_\_  
\_\_\_\_\_
- Date of Last Pap smear:  
\_\_\_\_\_
- History of abnormal Pap smear results
  - History of pregnancy
  - number of pregnancies \_\_\_\_\_
  - number of living children \_\_\_\_\_
  - number of miscarriages \_\_\_\_\_
  - number of abortions \_\_\_\_\_
  - number of stillbirths \_\_\_\_\_

**Please complete other side**

**Sexual History:**

Initial BC Method: \_\_\_\_\_

- Currently sexually active
- History of sexual/physical abuse
- New sexual partner in the past year
- More than one sexual partner in the past year
- Pressured to have sex by someone close to you
- Had sex that made you feel scared or guilty
- Had unprotected sex even though you did not want to
- Sex after alcohol or drugs even if you did not want to
- History of prior STD
- Concerns regarding HIV or other STD
- Preference for partner:
  - Male
  - Female
  - Both

Does your partner have a history of...

*(check all that apply)*

- STD
- HIV
- Hepatitis
- IV drug use
- multiple partners
- bisexuality

Current Birth Control Method: \_\_\_\_\_

If no method, reason: \_\_\_\_\_

Birth Control Method # 2: \_\_\_\_\_

**Musculoskeletal:**

- Back pain
- Joint pain
- Joint swelling
- Muscle cramps
- Muscle weakness
- Stiffness
- Recent fall(s)

**Skin:**

- Rash
- Itching
- Dryness
- Wound/open area(s)
- Suspicious/changing moles
- Breast problems/changes

**Neurologic:**

- Weakness
- Numbness/tingling
- Seizures
- Dizziness
- Tremors or twitching
- Problems with balance
- Problems with speech
- Headaches

**Psychiatric:**

- Memory loss
- Hearing voices
- Thoughts of suicide
- Mood swings
- Distrust people
- Stress at home
- Stress at work
- Feeling anxious
- Feeling worried
- Feeling tense
- Feeling Irritable

During the **past month** have you been feeling...

- down/hopeless/depressed
- lost interest or pleasure in doing things

In general, how would you describe your current relationship?

- A lot of tension
- Some tension
- No tension

Do you and your partner work out arguments with:

- Great difficulty
- Some difficulty
- No difficulty

**Endocrine:**

- Difficulty tolerating the cold
- Difficulty tolerating the heat
- Excessive thirst
- Excessive urination
- Weight change
- Hair or skin changes

**Heme/Lymphatic:**

- Bruise easily
- Bleeding
- Swollen lymph nodes

**Allergic/Immunologic:**

- Hay fever
- Persistent infections
- HIV exposure

**Please complete other side**