



SAGUARO SURGICAL, P.C.

Vascular and General Surgery

REVIEW OF SYSTEMS

Patient Name: _____ Date: _____

GENERAL: DO YOU HAVE OR HAVE YOU HAD ANY OF THE FOLLOWING PROBLEMS? (PLEASE CIRCLE)

Fever Sweats Chills Headaches Dizziness Weight Gain or Loss Fatigue Skin Rash
Lymph node swelling Other: _____ or NONE OF THE ABOVE

HEART, LUNGS, VASCULAR:

Coughing/Wheezing Irregular Heartbeat Chest tightness/pain Leg Swelling Coughing up blood Leg Ulcers
Last Chest X-ray: _____ Last EKG: _____ Other: _____ or NONE OF THE ABOVE

STOMACH DIGESTION:

Changes in appetite Constipation/diarrhea Change in bowel habits Nausea/vomiting Indigestion/heartburn
Bloody/black stools Hemorrhoids Yellow color to skin/eyes Abdominal bloating/swelling
Bulges visible on abdominal wall Last Rectal Exam: _____
Stomach pain that occurs after eating? Y ___ N ___ If yes, what food? _____
Have you ever had a lower bowel exam with a scope? Y ___ N ___ If yes, when? _____
Have you ever had an exam with a scope looking at the stomach? Y ___ N ___ If yes, when? _____
Have you ever been to see a GI Specialist? Y ___ N ___ If yes, who? _____
Or NONE OF THE ABOVE

KIDNEY, URINATION:

Frequent urination Urination at night Pain with urination Blood in urine Hard to start/stop flow
Enlarged prostate Impotence Prostate cancer – what type of treatment: _____
Other: _____ or NONE OF THE ABOVE

FUNCTIONAL:

Depression Anxiety Difficulty sleeping Under Psychiatric care
Other: _____ or NONE OF THE ABOVE

FEMALE MEDICAL HISTORY:

Number of pregnancies _____ Number of children _____ Number of vaginal deliveries _____ C-Section Y ___ N ___
Are you currently pregnant Y ___ N ___ Last menstrual period _____
Are your periods painful? Y ___ N ___ Do you have abnormal vaginal bleeding or discharge? Y ___ N ___
Do you have any palpable breast lumps? Y ___ N ___ Do you have a family history of breast cancer Y ___ N ___
Do you have painful breasts? Y ___ N ___ If yes, is the pain related to your menstrual cycle? Y ___ N ___
Do you have nipple discharge? Y ___ N ___ If yes, what color is the discharge? _____

FAMILY HISTORY:

Mother	Age _____	Alive	Deceased	Cause of Death _____
Father	Age _____	Alive	Deceased	Cause of Death _____
Brother(s)	Ages _____	Alive	Deceased	Cause of Death _____
Sister(s)	Ages _____	Alive	Deceased	Cause of Death _____
Children	Ages _____	Alive	Deceased	Cause of Death _____