Denver Spine Surgeons

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Review of Systems

Please fill in the following form. If you have none of the symptoms listed, please leave the box blank.

General/Constitutional

- ☐ Fatigue
- ☐ Fever
- ☐ Night Sweats
- ☐ Weight loss
- ☐ Other _____

Gastrointestinal

- ☐ Abdominal Pain
- ☐ Blood in Stool
- ☐ Diarrhea
- ☐ Exposure to Hepatitis
  - ☐ Hepatitis A ☐ Hepatitis B ☐ Hepatitis C
- ☐ Heartburn / GERD
- ☐ Rectal Bleeding
- ☐ Other_____

ENT

- ☐ Decreased hearing
- ☐ Difficulty swallowing
- ☐ Nosebleeds
- ☐ Other_____

Genitourinary

- ☐ Blood in Urine
- ☐ Painful Urination
- ☐ Other_____

Endocrine

- ☐ Excessive Sweating
- ☐ Excessive thirst
- ☐ Irregular Menses
- ☐ Diabetes
- ☐ Other_____

Musculoskeletal

- ☐ Broken Bones
- ☐ Carpal Tunnel
- ☐ Leg Cramps
- ☐ Painful Joints
- ☐ Other_____

Respiratory

- ☐ Chest Pain
- ☐ Wheezing
- ☐ Other_____

Peripheral Vascular

- ☐ Decreased Sensation in extremities / peripheral neuropathy
- ☐ Ulceration of feet
- ☐ Swelling in feet
- ☐ Other_____

Cardiovascular

- ☐ Chest Pain
- ☐ Cyanosis
- ☐ Irregular Heart Beat
- ☐ Palpitations
- ☐ Shortness of Breath
- ☐ Other_____

Neurologic

- ☐ Memory Loss
- ☐ Seizures
- ☐ Tremor
- ☐ Previous Brain Injury
- ☐ Concussion
- ☐ Other_____