EL CAMINO UROLOGY MEDICAL GROUP
2490 Hospital Drive, Ste 210, Mountain View, CA 94040

Review of Systems

Have you had problems related to the following systems **SINCE YOUR LAST VISIT**? Circle Y or N

General Health			
Fever	Y / N	Chills	Y / N
Eyes			
Blindness	Y / N	Eye pain	Y / N
Ear/Nose/Throat/Mouth			
Frequent nosebleeds	Y / N	Deafness	Y / N
Cardiovascular			
Palpitations	Y / N	Chest Pain	Y / N
Respiratory			
Shortness of breath	Y / N	Frequent cough	Y / N
Integumentary			
Rashes	Y / N	Itching	Y / N
Gastrointestinal			
Nausea/Vomiting	Y / N	Constipation	Y / N
Genitourinary			
Blood in Urine	Y / N	Painful Urination	Y / N
Neurologic			
Numbness	Y / N	Tingling	Y / N
Musculoskeletal			
Back Pain	Y / N	Neck Pain	Y / N
Hematologic/Lymphatic			
Blood clotting problem	Y / N	Swollen glands	Y / N

SINCE YOUR LAST VISIT

Any new Allergies	
Any Surgeries	

Since your last visit any change in : Smoking: YES / NO Alcohol: YES / NO
Since your last visit any change in your Family Medical History: YES / NO
Have you been diagnosed in the last week for an Infectious Cough / Shingles / Chicken Pox / TB / Meningitis : YES / NO (We are not providers for this and are trying to protect our patients and staff.)

Patient Name:____________________ MD Initials___________ Date_________

Today's Date:____________________ Rev 08/2014