

PATIENT ALLERGIES

Name: _____ **DOB:** _____ **Date:** _____

Please check all that may apply:

- Aspirin
- Erythromycin
- Ibuprofen
- Penicilin (PEN VK, Amoxicillin, Augmentin)
- Sulfonamides (Sulfa, Septra, Bactrim)
- Cephalosporin (Keflex, Duricef, Ceftin, Ceclor)
- Macrobid (Nitrofurantoin)
- Cipro (Ciprofloxacin)
- Levaquin
- Tetracycline
- Codeine
- Morphine
- Demerol
- Iodine
- Shell Fish
- Peanuts
- Latex
- Other _____

Dosage	Medication Name	How Often

Review of Systems

Name: _____ DOB: _____ Date: _____

Constitutional	Y	N	Gastrointestinal	Y	N	Neurological	Y	N
Fever			Constipation			Tremors		
Chills			Abdominal Pain			Dizzy Spells		
Fatigue			Nausea/Vomiting			Memory Problems		
Loss of Weight			Indigestion/Heartburn			Seizures		
Loss of Appetite			Diarrhea					

Eyes	Y	N	Endocrine	Y	N	Psychiatric	Y	N
Blurred Vision			Excessive Thirst			Depression		
Double Vision			Hot/Cold Intolerance			Anxiety		
Glaucoma			Hot Flashes			Irritable		

Ear/Nose/Throat/Mouth	Y	N	Integumentary	Y	N	Genitourinary	Y	N
Ear Infection			Skin Rash			Incontinence		
Sore Throat			Boils			Painful Urination		
Sinus Problems			Persistent Itch			Frequent Urination		

Cardiovascular	Y	N	Hematological/Lyphatic	Y	N	Reproductive (Male)	Y	N
Chest Pain			Abnormal Bruising			Erection Problems		
Varicose Veins			Enlarged Lymphs			Ejaculation Problems		
Palpitation			Anemia			Infertility		

Respiratory	Y	N	Musculoskeletal	Y	N	Reproductive (Female)	Y	N
Wheezing			Joint Pain			Menopause		
Frequent Cough			Neck/Back Pain			Vaginal/C-Section Deliveries		
Shortness of Breath			Bone Pain			Irregular Periods		

Other:
