

Eric C. Drew, MD

MD Neurology

Patient Name: _____

Review of Systems: Please check any items that you are experiencing or have experienced recently.

General

- Dizziness
- Fainting
- Fever
- Chills
- Night Sweats
- Loss of Appetite
- Fatigue/Tiredness
- Weight Gain/Loss
- Nervous/Anxious
- Depression
- Sleep Disturbance

Eyes

- Blurring
- Double Vision
- Vision Loss
- Eye Pain
- Sensitivity to Light

Ear/Nose/Throat

- Ear Pain
- Ringing in Ears
- Decreased Hearing
- Nasal Congestion
- Nose Bleeds
- Sore Throat
- Hoarseness
- Difficulty Swallowing
- Difficulty Tasting
- Difficulty with Smell

Genitourinary

- Incontinence
- Painful Urination
- Blood in Urine
- Urinary Frequency
- Male – Erectile Dysfunction
- Female – Heavy periods
- Female – No periods

Heart/Lungs

- Chest Pain
- Chest Pressure
- Heart Palpitations
- Shortness of Breath
- Leg Swelling
- Cough
- Wheezing

Gastrointestinal

- Nausea
- Vomiting
- Diarrhea
- Constipation
- Change in Bowel Habits
- Heartburn
- Choking spells
- Gas/Bloating
- Rectal Bleeding

Neck/Head

- Headaches
- Swollen Neck/Glands
- Stiff/Tender Neck
- Dentures/Partials

Psychiatric

- Suicidal Thoughts
- Hallucinations
- Paranoia
- Stress

Extremities

- Back Pain
- Joint Pain
- Muscle Weakness
- Stiffness
- Arthritis
- Rash
- Itching
- Dry Skin

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Neurological

- Paralysis
- Weakness
- Tingling
- Numbness
- Seizures
- Fainting
- Tremors
- Vertigo
- Memory Problems
- Poor Concentration
- Speech Problems
- Clumsiness
- Shuffling Gait
- Poor Balance

Other

- Heat/Cold Intolerance
- Excessive Thirst
- Excessive Urination
- Abnormal Bruising
- Prolonged Bleeding
- Hives
- Recurrent Infections