

Western Kentucky Kidney Specialists

Name _____ Acct. # _____

DOB _____ Physician _____

Review of Systems

Do you now or have you had chronic problems related to the following systems? Circle all that apply and explain on the back.

Constitutional Symptoms

Fever
Chills
Unexplained weight gain or loss
Excessive fatigue

Eyes

Blurred or double vision
Pain in eyes
Vision loss
Glaucoma or cataracts
Date of last eye exam _____

Ears / Nose / Throat / Mouth

Recurrent ear infection
Chronic sore throat
Decreased hearing
Drainage from eyes or ears
Sores in mouth
Difficulty swallowing
Change in voice

Allergic / Immunologic

Environmental allergies
Chronic sinus congestion
Chronic runny nose

Respiratory

Wheezing
Frequent cough
Shortness of breath
Cough up blood

Cardiovascular

Palpitations
Chest pain / pressure
Decreased activity due to easy fatigue
Varicose veins
Pain in calf muscles with walking
Swelling of ankles

Gastrointestinal

Chronic diarrhea or constipation
Abdominal pain
Nausea / vomiting
Indigestion / heartburn
Jaundice
Hepatitis
Blood in stool or black stool

Change in bowel movements

Date of last colonoscopy _____

Genitourinary

Blood in urine
Urine retention
Urinary frequency
Painful urination
Decrease in force of urine stream / dribbling
Urinary urgency / incontinence
History of sexually transmitted disease
FOR MEN Difficulty getting / retaining an erection
FOR WOMEN Vaginal discharge / dryness

Neurological

Headaches, frequent
Tremors
Dizzy spells
Numbness / tingling

Endocrine / Metabolic

Excessive thirst
Too hot / cold
Tired / sluggish
Date of last cholesterol test _____

Integumentary

Skin rash
Boils
Persistent itch
New or change in moles

Musculoskeletal

Muscle pain or weakness
Joint pain / swelling / redness
Joint stiffness
Back / neck pain

Hematologic / Lymphatic

Persistent swollen glands
Blood clotting problems
Anemia
Blood transfusion
Date of last tetanus vaccine _____
Date of last flu vaccine _____
Date of last pneumococcal vaccine _____

