Priya Tandon MD, LLC
123 Broadway Street
Colchester, CT 06415
Tel 860-537-2309
Fax 888-297-2226

REVIEW OF MEDICAL SYSTEMS

1. GENERAL
   - ☐ Recent Weight Loss
   - ☐ Recent Weight Gain
   - ☐ Fatigue
   - ☐ Loss of Appetite
   - ☐ Sleep Disturbance
2. SKIN
   - ☐ Rash
   - ☐ Psoriasis
   - ☐ Change in Moles
   - ☐ Skin Cancer
   - ☐ Breast Lumps
3. ENT
   - ☐ Visual Problems
   - ☐ Hearing Loss
   - ☐ Glaucoma
   - ☐ Mouth Sores
   - ☐ Nose Bleeds
   - ☐ Hoarseness
4. ENDOCRINE
   - ☐ Excessive Thirst
   - ☐ Thyroid Disorder
   - ☐ Diabetes
   - ☐ Goiter
   - ☐ Osteoporosis
   - ☐ Osteopenia
   - ☐ Menstrual Abnormality
   - ☐ Hot Flashes
5. RESPIRATORY
   - ☐ Cough
   - ☐ Difficulty Breathing
   - ☐ Asthma
   - ☐ Emphysema
   - ☐ Bronchitis
   - ☐ Nicotine Addiction
6. CARDIOVASCULAR
   - ☐ Chest Pain
   - ☐ Irregular Heart Beat
   - ☐ High Blood Pressure
   - ☐ Heart Murmur
   - ☐ High Cholesterol
   - ☐ Swelling of Feet
7. GASTROINTESTINAL
   - ☐ Liver Disease
   - ☐ Abdominal Pain
   - ☐ Heartburn
   - ☐ Diarrhea
   - ☐ Constipation
   - ☐ Blood in Stools
8. GENITOURINARY
   - ☐ Painful Urination
   - ☐ Blood in Urine
   - ☐ Incontinence
   - ☐ Prostate Problems (men)
   - ☐ Loss of Libido
9. NEUROLOGIC
   - ☐ Headaches/Migraines
   - ☐ Seizures
   - ☐ Memory Loss
   - ☐ Difficulty Walking
10. MUSCULOSKELETAL
    - ☐ Joint Pain
    - ☐ Joint Swelling
    - ☐ Gout
    - ☐ Osteoarthritis
    - ☐ Broken Bones
    - ☐ Back Injury
11. HEMATOLOGICAL
    - ☐ Anemia
    - ☐ Bleeding Disorder
    - ☐ Blood Clots in Legs
12. PSYCHIATRIC DISORDER
    - ☐ Depression/Anxiety
    - ☐ ADD
    - ☐ Suicidal Ideation
    - ☐ Alcohol Addiction
    - ☐ Substance Abuse
13. IMMUNOLOGIC
    - ☐ Hay Fever
    - ☐ Seasonal Allergies
    - ☐ HIV

HEALTHCARE PROVIDER NOTES: FOR OFFICE USE ONLY
SIGNATURE OF HEALTH CARE PROVIDER : ____________________

LAST NAME OF PATIENT	FIRST NAME	MIDDLE INITIAL	SIGNATURE OF PATIENT	DATE
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