

Review of Systems: Please circle all that currently apply.

Headaches	Dizziness	Blurry/Double Vision	Vision Changes	Earache/Discharge/Pain
Nosebleed	Nasal Discharge	Sinus Pain	Sore Throat	Cough
Chest Pain	Shortness of Breath	Hot/Cold	Fatigued	Lethargic
Palpitations	Skipped Beats	Wheezing	Lumps/Bumps	Rashes
Weight Change	Dry Hair/Hair falling out in clumps	Hot Flashes	Fever	Sweats
Chills	Nausea	Vomiting	Diarrhea	Constipation
Heart Burn	Urinary Frequency	Urinary Urgency	Pain with urination	Joint Pain
Difficulty walking	Decreased Joint Range of Motion	Mood Changes	Appetite Changes	Unexpected Weight Loss or Gain
Joint Swelling	Sores that don't heal	Tingling in extremity	Weakness	Numbness
Bruise Easily	Incontinence of Bowel or Bladder	Black tarry stools	Blood in the urine	Blood in the stool
Pain with Intercourse				

PATIENT NAME: _____ DATE: _____

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