EL CAMINO UROLOGY MEDICAL GROUP
2490 Hospital Drive, Ste 210, Mountain View, CA 94040

Review of Systems

Have you had problems related to the following systems **SINCE YOUR LAST VISIT**? Circle Y or N

General Health			
Fever	**Y / N**	Chills	**Y / N**
Eyes			
Blindness	**Y / N**	Eye pain	**Y / N**
Ear/Nose/Throat/Mouth			
Frequent nosebleeds	**Y / N**	Deafness	**Y / N**
Cardiovascular			
Palpitations	**Y / N**	Chest Pain	**Y / N**
Respiratory			
Shortness of breath	**Y / N**	Frequent cough	**Y / N**
Integumentary			
Rashes	**Y / N**	Itching	**Y / N**
Gastrointestinal			
Nausea/Vomiting	**Y / N**	Constipation	**Y / N**
Genitourinary			
Blood in Urine	**Y / N**	Painful Urination	**Y / N**
Neurologic			
Numbness	**Y / N**	Tingling	**Y / N**
Musculoskeletal			
Back Pain	**Y / N**	Neck Pain	**Y / N**
Hematologic/Lymphatic			
Blood clotting problem	**Y / N**	Swollen glands	**Y / N**

SINCE YOUR LAST VISIT

Any new Allergies	
Any Surgeries	

Since your last visit any change in : Smoking: YES / NO Alcohol: YES / NO
Since your last visit any change in your Family Medical History: YES / NO
Have you been diagnosed in the last week for an Infectious Cough / Shingles / Chicken Pox / TB / Meningitis : YES / NO (We are not providers for this and are trying to protect our patients and staff.)

Patient Name:_____ MD Initials_____ Date_____

Today's Date:_____ Rev 08/2014