

 $\hfill\square$ Puffy eyes

Pain Management Review of Systems

Name:	Date of Birth:	
Do you have any of the followin	g? (Please check anything that applies)	
CONSTITUTIONAL		
□ Body Aches	□ Redness	☐ Shortness of Breath when Lying
□ Chills	□ Seeing Flashes	Down
□ Cold Intolerance	☐ Sensitivity to Light	☐ Shortness of Breath Causing
□ Daytime Naps	□ Spots in Vision	Sudden Awakening
□ Daytime Sleepiness	□ Tunnel Vision	□ Slow Heart Rate
□ Decreased Appetite	□ Watery Eyes	
□ Difficulty Sleeping		RESPIRATORY
□ Excessive Sweating	HENMT	□ Chest Congestion
□ Falls Asleep During the Day	□ Dental Pain	□ Cough
□ Fatigue	□ Difficulty Swallowing	□ Coughing Up Blood
□ Fever	□ Ear Pain	□ Difficulty Breathing
□ Food Intolerance	□ Facial Pain	□ Loud or Labored Breathing
□ Frequent Falls	☐ Hearing Loss	☐ Pain on Inspiration
□ Headache	□ Hearing Abnormal	☐ Pain With Cough
□ Heat Intolerance	□ Hoarseness	□ Recent Infection(s)
□ Hot Flashes	□ Jaw Pain	☐ Shortness of Breath
□ Increased Appetite	□ Neck Lump/Swelling	☐ Shortness of Breath at Night
□ Recent Infection	□ Neck Pain	☐ Shortness of Breath Walking
□ Irritability	□ Nosebleed	☐ Shortness of Breath With Activity
□ Lack of Energy	□ Ringing in Ears	☐ Shortness of Breath With Stairs
□ Maintaining Hydration	□ Sinus Pain	☐ Shortness of Breath When Lying
□ Feels III	☐ Sneezing/Sniffling	Down
□ Night Sweats	□ Sore Throat	□ Snoring
□ Overweight/Underweight	□ Vertigo/Spinning Sensation	□ Wheezing
□ Poor Appetite	☐ Pain With Swallowing	
□ Recent Trauma/Injury	-	GASTROINTESTINAL
□ Restlessness	CARDIOVASCULAR	□ Abdominal Pain
□ Snoring	☐ Bluish Discoloration of	☐ Black, Tarry Stools
□ Stops Breathing During Sleep	Hands/Feet	□ Bloating
□ Transfusions	☐ Chest Pain	☐ Bright, Red Blood in Stools
□ Using CPAP or BiPAP	☐ Chest Pain at Rest	☐ Change in Bowel Habits
□Weakness	☐ Chest Pain with Activity	☐ Change in Stools
	□ Cramping	□ Constant Urge to Pass Stool
EYES	☐ Cramping With Exercise	□ Constipation
□ Blind spots	□ Excessive Sweating	☐ Cramping
□ Blurry Vision	☐ Fainting	□ Diarrhea
Dulging Eyes	□ Fast Heart Rate	□ Feeling Full Early
□ Change in Vision	□ Foot Swelling	□ Flank Pain
☐ Decreased Night Vision	☐ Generalized Swelling	□ Heartburn
□ Double Vision	☐ Irregular Heart Rhythm	☐ Incontinence of Stools
□ Discharge	☐ Leg Pain With Activity	□ Indigestion
□ Dry Eyes	□ Leg Sores	□ Loose Stools
□ Floaters	□ Leg Swelling	□ Nausea
□ Glasses/Contacts	□ Lightheadedness	□ Rectal Bleeding
□ Irritation	□ Palpitations	□ Suprapubic Pain
□ Itchy Eyes	☐ Radiating Jaw, Neck, or Arm Pain	□ Vomiting
□ Loss of Peripheral Vision	□ Rapid, Pounding, or Irregular	□ Vomiting Blood
□ Loss of Vision	Heart Beat	_ 13
□ Pain	□ Shortness of Breath	GENITOURINARY
-		

 $\hfill\Box$ Shortness of Breath with Activity □ Abnormal Periods

☐ Abnormal Vaginal Bleeding	□ Hair Loss	□ Tingling
☐ Change in Bladder Habits	□ Hives	□ Tingling/Numbness/Burning
□ Change in Libido	□ Implants	Sensations
□ Decreases Urination	☐ Insect Bites	□ Tremor(s)
☐ Difficulty Getting Pregnant	□ Itching	□ Unsteadiness
□ Difficulty Urinating	□ Intrathecal Pump	□ Vertigo/Spinning Sensation
☐ Frequent Nightitme Urination	□ Lesions	□ Weakness
□ Pelvic Pain	□ Lumps	
□ Postmenopausal	☐ Metal in Body	ENDOCRINE
□ Side Pain	□ Moles	□ Change in Body Appearance
☐ Urinary Frequency	□ Nail Changes	□ Change in Libido
□ Urinary Hesitancy	□ New lesions	□ Cold Intolerance
□ Urinary Incontinence	□ Non-Healing Lesions	□ Deepening of the Voice
□ Urinary Retention	□ Piercings	□ Excessive sweating
□ Urinary Urgency	□ Rash	□ Fatigue
	□ Redness	□ Flushing
MUSCULOSKELETAL	☐ Sensitivity to Light	□ Heat Intolerance
□ Abnormal Walking	□ Skin Pain	□ Increase in Ring/Shoe/Hat Size
□ Ankle Pain	☐ Skin Swelling	□ Increased Hunger
□ Arm Pain	□ Skin Ulcer	□ Increased Thirst
☐ Artificial Joints	□ Sores	□ Increased Urination
□ Back Pain	☐ Spinal Cord Stimulators	
□ Body Aches	□ Stents	HEMATOLOGICAL/LYMPHATIC
□ Cold Extremities	□ Tattoo(s)	☐ Blood Clots
□ Decreased Muscle Mass	☐ Unusual Bruising	□ Easy Bleeding
□ Deformity	□ Wounds	□ Easy Bruising
□ Double Jointed	☐ Yellowing of the Skin	☐ Enlarged Lymph Nodes
□ Foot Pain	, and the second	□ Slow Healing
□ Heel Pain	NEUROLOGICAL	□ Transfusions
□ Hip Pain	□ Abnormal Hearing	
□ Jaw Pain	☐ Abnormal Movements	PSYCHIATRIC
□ Joint Pain	□ Abnormal Speech	☐ Abnormal Sleep Pattern
□ Joint Stiffness	Abnormal Walking	□ Anxiety
□ Joint Swelling	☐ Behavioral Changes	Behavioral Changes
☐ Knee Pain	☐ Behavior Problems	☐ Change in Appetite
□ Leg Pain	□ Blackouts	☐ Change in Sex Drive
□ Leg Swelling	□ Burning Sensations	□ Confusion
□ Limited Joint Movement	□ Confusion	□ Depression
□ Loss of Height	□ Dizziness	Difficulty Concentrating
□ Muscle Aches/Pain	□ Fainting	□ Difficulty Sleeping
□ Muscle Cramps	□ Frequent Falls	☐ Hearing Things Others Don't
□ Muscle Weakness	□ Headache(s)	□ Hopelessness
□ Muscle Spasms	☐ Lack of Coordination/Clumsiness	□ Irritability
□ Neck Pain	☐ Lightheadedness	□ Lack of Enjoyment
□ Numbness	□ Localized Weakness	□ Memory Loss
□ Radiating Pain Into Limb	□ Loss of Balance	□ Mood Swings
□ Recurrent Sprains	□ Loss of Vision	□ Panic Attacks
□ Shoulder Pain	□ Memory Loss	□ Paranoia
□ Sternal/Rib Pain	□ Migraine(s)	□ Posttraumatic Stress Disorder
□ Tingling	□ Numbness	□ Restlessness
	☐ Other Visual Disturbances	☐ Seeing Things Others Don't
INTEGUMENTARY	□ Radiating Pain	☐ Sensing Things Others Don't
□ Birthmarks	□ Restless Legs	☐ Tactile Hallucinations
□ Bleeding Lesions	☐ Saddle Anesthesia (numb around	☐ Thoughts of Hurting/Killing
□ Change in Hair	buttocks, perineum, and/or thighs)	Others
□ Change in Skin Color	□ Seizures	☐ Thoughts of Hurting/Killing
□ Changing Lesions	☐ Seizures ☐ Seizure- Like Activity	Yourself
□ Dry Skin	□ Sensory Loss	iodiscii
- Diy Janii	- Jenjon y 1033	