CRANMORE HEALTH PARTNERS
Primary, Pain, and Urgent Care

Pain Management Review of Systems

Name: _____ Date of Birth: _____`

Do you have any of the following? (Please check anything that applies)

CONSTITUTIONAL

□ Body Aches
□ Chills
□ Cold Intolerance
□ Daytime Naps
□ Daytime Sleepiness
□ Decreased Appetite
□ Difficulty Sleeping
□ Excessive Sweating
□ Falls Asleep During the Day
□ Fatigue
□ Fever
□ Food Intolerance
□ Frequent Falls
□ Headache
□ Heat Intolerance
□ Hot Flashes
□ Increased Appetite
□ Recent Infection
□ Irritability
□ Lack of Energy
□ Maintaining Hydration
□ Feels Ill
□ Night Sweats
□ Overweight/Underweight
□ Poor Appetite
□ Recent Trauma/Injury
□ Restlessness
□ Snoring
□ Stops Breathing During Sleep
□ Transfusions
□ Using CPAP or BiPAP
□Weakness

EYES

□ Blind spots
□ Blurry Vision
□ Bulging Eyes
□ Change in Vision
□ Decreased Night Vision
□ Double Vision
□ Discharge
□ Dry Eyes
□ Floaters
□ Glasses/Contacts
□ Irritation
□ Itchy Eyes
□ Loss of Peripheral Vision
□ Loss of Vision
□ Pain
□ Puffy eyes
□ Redness
□ Seeing Flashes
□ Sensitivity to Light
□ Spots in Vision
□ Tunnel Vision
□ Watery Eyes

HENMT

□ Dental Pain
□ Difficulty Swallowing
□ Ear Pain
□ Facial Pain
□ Hearing Loss
□ Hearing Abnormal
□ Hoarseness
□ Jaw Pain
□ Neck Lump/Swelling
□ Neck Pain
□ Nosebleed
□ Ringing in Ears
□ Sinus Pain
□ Sneezing/Sniffling
□ Sore Throat
□ Vertigo/Spinning Sensation
□ Pain With Swallowing

CARDIOVASCULAR

□ Bluish Discoloration of Hands/Feet
□ Chest Pain
□ Chest Pain at Rest
□ Chest Pain with Activity
□ Cramping
□ Cramping With Exercise
□ Excessive Sweating
□ Fainting
□ Fast Heart Rate
□ Foot Swelling
□ Generalized Swelling
□ Irregular Heart Rhythm
□ Leg Pain With Activity
□ Leg Sores
□ Leg Swelling
□ Lightheadedness
□ Palpitations
□ Radiating Jaw, Neck, or Arm Pain
□ Rapid, Pounding, or Irregular Heart Beat
□ Shortness of Breath
□ Shortness of Breath with Activity
□ Shortness of Breath when Lying Down
□ Shortness of Breath Causing Sudden Awakening
□ Slow Heart Rate

RESPIRATORY

□ Chest Congestion
□ Cough
□ Coughing Up Blood
□ Difficulty Breathing
□ Loud or Labored Breathing
□ Pain on Inspiration
□ Pain With Cough
□ Recent Infection(s)
□ Shortness of Breath
□ Shortness of Breath at Night
□ Shortness of Breath Walking
□ Shortness of Breath With Activity
□ Shortness of Breath With Stairs
□ Shortness of Breath When Lying Down
□ Snoring
□ Wheezing

GASTROINTESTINAL

□ Abdominal Pain
□ Black, Tarry Stools
□ Bloating
□ Bright, Red Blood in Stools
□ Change in Bowel Habits
□ Change in Stools
□ Constant Urge to Pass Stool
□ Constipation
□ Cramping
□ Diarrhea
□ Feeling Full Early
□ Flank Pain
□ Heartburn
□ Incontinence of Stools
□ Indigestion
□ Loose Stools
□ Nausea
□ Rectal Bleeding
□ Suprapubic Pain
□ Vomiting
□ Vomiting Blood

GENITOURINARY

□ Abnormal Periods

□ Abnormal Vaginal Bleeding
□ Change in Bladder Habits
□ Change in Libido
□ Decreases Urination
□ Difficulty Getting Pregnant
□ Difficulty Urinating
□ Frequent Nightitme Urination
□ Pelvic Pain
□ Postmenopausal
□ Side Pain
□ Urinary Frequency
□ Urinary Hesitancy
□ Urinary Incontinence
□ Urinary Retention
□ Urinary Urgency

MUSCULOSKELETAL
□ Abnormal Walking
□ Ankle Pain
□ Arm Pain
□ Artificial Joints
□ Back Pain
□ Body Aches
□ Cold Extremities
□ Decreased Muscle Mass
□ Deformity
□ Double Jointed
□ Foot Pain
□ Heel Pain
□ Hip Pain
□ Jaw Pain
□ Joint Pain
□ Joint Stiffness
□ Joint Swelling
□ Knee Pain
□ Leg Pain
□ Leg Swelling
□ Limited Joint Movement
□ Loss of Height
□ Muscle Aches/Pain
□ Muscle Cramps
□ Muscle Weakness
□ Muscle Spasms
□ Neck Pain
□ Numbness
□ Radiating Pain Into Limb
□ Recurrent Sprains
□ Shoulder Pain
□ Sternal/Rib Pain
□ Tingling

INTEGUMENTARY
□ Birthmarks
□ Bleeding Lesions
□ Change in Hair
□ Change in Skin Color
□ Changing Lesions
□ Dry Skin
□ Hair Loss
□ Hives
□ Implants
□ Insect Bites
□ Itching
□ Intrathecal Pump
□ Lesions
□ Lumps
□ Metal in Body
□ Moles
□ Nail Changes
□ New lesions
□ Non-Healing Lesions
□ Piercings
□ Rash
□ Redness
□ Sensitivity to Light
□ Skin Pain
□ Skin Swelling
□ Skin Ulcer
□ Sores
□ Spinal Cord Stimulators
□ Stents
□ Tattoo(s)
□ Unusual Bruising
□ Wounds
□ Yellowing of the Skin

NEUROLOGICAL
□ Abnormal Hearing
□ Abnormal Movements
□ Abnormal Speech
□ Abnormal Walking
□ Behavioral Changes
□ Behavior Problems
□ Blackouts
□ Burning Sensations
□ Confusion
□ Dizziness
□ Fainting
□ Frequent Falls
□ Headache(s)
□ Lack of Coordination/Clumsiness
□ Lightheadedness
□ Localized Weakness
□ Loss of Balance
□ Loss of Vision
□ Memory Loss
□ Migraine(s)
□ Numbness
□ Other Visual Disturbances
□ Radiating Pain
□ Restless Legs
□ Saddle Anesthesia (numb around buttocks, perineum, and/or thighs)
□ Seizures
□ Seizure- Like Activity
□ Sensory Loss
□ Tingling
□ Tingling/Numbness/Burning Sensations
□ Tremor(s)
□ Unsteadiness
□ Vertigo/Spinning Sensation
□ Weakness

ENDOCRINE
□ Change in Body Appearance
□ Change in Libido
□ Cold Intolerance
□ Deepening of the Voice
□ Excessive sweating
□ Fatigue
□ Flushing
□ Heat Intolerance
□ Increase in Ring/Shoe/Hat Size
□ Increased Hunger
□ Increased Thirst
□ Increased Urination

HEMATOLOGICAL/LYMPHATIC
□ Blood Clots
□ Easy Bleeding
□ Easy Bruising
□ Enlarged Lymph Nodes
□ Slow Healing
□ Transfusions

PSYCHIATRIC
□ Abnormal Sleep Pattern
□ Anxiety
□ Behavioral Changes
□ Change in Appetite
□ Change in Sex Drive
□ Confusion
□ Depression
□ Difficulty Concentrating
□ Difficulty Sleeping
□ Hearing Things Others Don’t
□ Hopelessness
□ Irritability
□ Lack of Enjoyment
□ Memory Loss
□ Mood Swings
□ Panic Attacks
□ Paranoia
□ Posttraumatic Stress Disorder
□ Restlessness
□ Seeing Things Others Don’t
□ Sensing Things Others Don’t
□ Tactile Hallucinations
□ Thoughts of Hurting/Killing Others
□ Thoughts of Hurting/Killing Yourself