Vero Neurospine

1040 37th Place, Suite 101, Vero Beach, FL 32960, (772)205-3345 (phone), (772)205-3346 (fax)

GENITOURINARY	**YES**	**NO**			**YES**	**NO**
Incontinence				Freq. Urination		
Blood in Urine				Painful Urination		
MUSCULOSKELETAL	**YES**	**NO**			**YES**	**NO**
Joint Disease				Osteoporosis		
Back Pain				Neck Pain		
Osteoarthritis				Muscle Weakness		
SKIN	**YES**	**NO**			**YES**	**NO**
Skin Cancer				Skin Rashes		
Changes in moles				Change in Skin		
NEUROLOGIC	**YES**	**NO**			**YES**	**NO**
Seizures				Weakness		
Numbness				Migraines		
CVA/TIA				Lightheaded		
HEMATOLOGIC	**YES**	**NO**			**YES**	**NO**
Anemia				Bruise easily		
Fever/Chills				Excess Bleeding		
WOMEN ONLY	**YES**	**NO**			**YES**	**NO**
Hysterectomy				Nipple Discharge		
Breast Lumps				Irregular Menses		
MEN ONLY	**YES**	**NO**			**YES**	**NO**
Prostate trouble				Dribbling urine		
Slow urination				Nighttime urination		
Burning urination						
ALLERGERY/IMMUNOLOGY	**YES**	**NO**			**YES**	**NO**
Allergies				Catch cold easily		
Hay Fever				Enlarged Nodes		
HIV/AIDS						
OTHER						

REVIEW OF SYSTEMS

PATIENT NAME: _____ DATE: _____