

ENDOCRINE ASSOCIATES OF FLORIDA, P.A.
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PATIENT NAME: _____

REVIEW OF SYSTEMS (LIST OF CURRENT/RECENT SYMPTOMS)

SKIN check if +
Dry _____
Excessive sweating _____
Rash _____
Open wounds _____
Changes in color _____

HEART/LUNGS
Shortness of breath _____
Chest pain _____
Palpitations _____
Cough _____

GASTROINTESTINAL
Ulcers _____
Liver disease _____
Diarrhea _____
Constipation _____
Blood in the stools _____
Abdominal Pain _____

KIDNEYS
Stones _____
Kidney infections _____
Bladder infections _____
Blood in urine _____

NEUROLOGICAL
Severe Headaches _____
Confusion _____
Tingling (where?) _____
Numbness (where?) _____
Muscle weakness _____
Muscle cramps _____

ENDOCRINE
Excessive thirst _____
Increased urination _____
Hot flashes _____
Tremors _____
New stretch marks _____

GENERAL REVIEW check if +
Weight gain _____
Weight loss _____
Extreme fatigue _____
Fainting _____
Dizzy spells _____
Excessive bruising _____
Anxiety _____
Depression _____
Hair loss _____
Loss of concentration _____

FEMALE REPRODUCTIVE
Age of menstruation _____
Irregular cycles _____
Total pregnancies _____
Live births _____
Date of last period _____
Last mammogram _____
Last Pap smear _____
Breast discharge _____
Excessive body hair _____
Decreased sex drive _____

MALE REPRODUCTIVE
Prostate disorders _____
Testicular mass _____
Impotence _____
Decreased sex drive _____

THYROID
Hoarseness _____
Difficulty swallowing _____
Growth in the neck _____
Pain in the neck _____
Choking _____

ANY OTHER RECENT SYMPTOM ?

