

## REVIEW OF SYSTEMS

Do you now or have you had any problems related to the following systems? Circle YES or NO  
**PLEASE EXPLAIN ANY YES ANSWERS IN THE SPACE PROVIDED**

<b>Constitutional Symptoms</b> Fever YES NO Chills YES NO Headache YES NO Other _____	<b>Integumentary</b> Skin rash YES NO Boils YES NO Persistent itch YES NO Other _____
<b>Eyes</b> Blurred vision YES NO Double vision YES NO Pain YES NO Other _____	<b>Musculoskeletal</b> Joint pain YES NO Neck pain YES NO Back pain YES NO Other _____
<b>Allergic / Immunologic</b> Hay fever YES NO Drug allergies YES NO Other _____	<b>Ear / Nose / Throat / Mouth</b> Ear infection YES NO Sore throat YES NO Sinus problems YES NO Other _____
<b>Neurological</b> Tremors YES NO Dizzy spells YES NO Numbness / tingling YES NO Other _____	<b>Genitourinary</b> Urine retention YES NO Painful urination YES NO Urinary frequency YES NO Other _____
<b>Endocrine</b> Excessive thirst YES NO Too hot / cold YES NO Tired / sluggish YES NO Other _____	<b>Respiratory</b> Wheezing YES NO Frequent cough YES NO Shortness of breath YES NO Other _____
<b>Gastrointestinal</b> Abdominal pain YES NO Nausea / vomiting YES NO Indigestion / heartburn YES NO Other _____	<b>Hematological / Lymphatic</b> Swollen glands YES NO Blood clotting problems YES NO Other _____
<b>Cardiovascular</b> Chest pain YES NO Varicose veins YES NO High blood pressure YES NO Other _____	<b>Psychologic</b> Are you generally satisfied with you life? YES NO Do you feel severely depressed? YES NO Have you considered suicide? YES NO Other _____

**Physician use only: (Comments / Notes)**

*Imp: Request for voluntary male sterilization.*

*Plan: Schedule vasectomy.*

*Risks and benefits have been explained to the patient along with alternatives. Risks include but are not exclusive to: bleeding, infection, pain, anti-sperm antibodies, epididymitis, hematoma, pregnancy, sperm granuloma, and the potential risk of developing prostate cancer. Alternatives include condoms, abstinence, coitus interruptus and female methods of birth control. The patient understands he is still fertile until a semen analysis is performed 3 months post-op shows no sperm present.*

# Answer	Level of Service
<b>0 – 1</b>	<b>1 or 2</b>
<b>2 - 9</b>	<b>3</b>
<b>10+</b>	<b>4 or 5</b>

**Physician:** \_\_\_\_\_ **Date:**     /     /