

**Palmetto Greenville Urology
Review of Systems**

Do you now or have you had any problems related to the following symptoms? Circle YES or NO

Constitutional Symptoms

Fever Y N
 Chills Y N
 Headache Y N
 Other _____

Urological

Frequent urination Y N
 Severe urge to urinate Y N
 Leakage of urine due with straining
 (coughing, sneezing, lifting) Y N
 Frequent urination Y N
 Severe urge to urinate Y N
 Leakage of urine due with straining Y N
 Painful urination Y N
 Frequent urinary tract infection Y N
 Decreased force of urinary stream Y N
 Sensation-incomplete emptying Y N
 Straining to urinate Y N
 Awakening at night to urinate Y N
 How many times per night? _____
 Unable to urinate-requiring a catheter Y N
 Blood in urine Y N
 H/O kidney stones Y N

Female Genital

No. of Pregnancies _____
 No. of births _____
 Menstrual troubles Y N
 Endometriosis Y N
 Painful intercourse Y N
 Hysterectomy Y N
 H/O STD Y N
 Other _____

Male Genital

Urethral discharge Y N
 H/O STD Y N
 Erectile dysfunction Y N
 Other _____

Gastrointestinal

Abdominal pain Y N
 Nausea/vomiting Y N
 Indiges/heartburn Y N
 Other _____

Cardiovascular

Chest pain Y N
 Varicose veins Y N
 High blood pressure Y N
 Other _____

Respiratory

Wheezing Y N
 Frequent cough Y N
 Shortness of breath Y N
 Other _____

Endocrine

Excessive thirst Y N
 Too hot/cold Y N
 Tired/sluggish Y N
 Other _____

Neurological

Tremors Y N
 Dizzy Spell Y N
 Numbness/tingling Y N
 Other _____

Ear/Nose/Throat/Mouth

Ear infection Y N
 Sore Throat Y N
 Sinus problems Y N
 Numbness/tingling Y N
 Other _____

Musculoskeletal

Joint pain Y N
 Neck pain Y N
 Back pain Y N
 Other _____

Integumentary

Skin rash Y N
 Boils Y N
 Persistent itch Y N
 Other _____

Hematologic/Lymphatic

Swollen glands Y N
 Blood clotting problems Y N
 Other _____

Psychologic

Are you generally satisfied with
 your life? Y N
 Do you feel severely depressed? Y N
 Have you considered suicide? Y N
 Other _____

NAME: _____

S.S.: _____

Date: _____ / _____ / _____