CHEGAR
facial plastic surgery

Review of Systems

Name_____ Date _____

Please check any symptom(s) that you are *currently* having.

General
- Weight Gain
- Appetite Loss
- Chills
- Fever
- Night Sweats
- Other_____

Skin
- Bruising
- Change in Wart/Mole
- Dryness
- Hair loss
- Hives
- Itching
- New Lesions
- Rash
- Skin Color Changes
- Other_____

Ear/Nose/Throat
- Voice Changes
- Oral Ulcers
- Hoarseness
- Sinus Pain
- Seasonal Allergies
- Nasal Congestion
- Nose Bleed
- Spinning Sensation
- Ringing in the Ears
- Ear Infection
- Ear Discharge
- Hearing Loss
- Visual Disturbances
- Eye Redness
- Eye Pain
- Excessive Tearing
- Double Vision
- Sore Throat
- Other_____

Neck
- Neck Mass
- Neck Pain
- Neck Stiffness
- Swollen Glands
- Other_____

Respiratory
- Cough
- Decreased Exercise Tolerance
- Snoring
- Difficulty Breathing
- Sputum Production
- Wheezing
- Other_____

Cardiovascular
- Chest Pain
- Difficulty Breathing
- Irregular Heart beat on Exertion
- Palpitations
- Shortness of Breath
- Other_____

Gastrointestinal
- Abdominal Pain
- Bloody Stool
- Diarrhea
- Difficulty Swallowing
- Food Intolerance
- Heartburn
- Indigestion
- Jaundice
- Nausea
- Vomiting
- Vomiting Blood
- Other_____

Neurological
- Auras
- Decreased Memory
- Difficulty Speaking
- Dizziness
- Headaches
- Loss of Consciousness
- Seizures
- Spinning Sensation
- Tremor
- Unsteadiness
- Visual Changes
- Weakness
- Other_____

Endocrine
- Appetite Changes
- Cold Intolerance
- Hair Changes
- Heat Intolerance
- Thyroid Problems
- Other_____

Hematology
- Abnormal Bleeding
- Anemia
- Blood Clots
- Easy Bruising
- Enlarged Lymph Nodes
- Pinpoint Hemorrhages
- Other_____