

Dr Gary Reinheimer
Board Certified Allergist – Review of System Form

Patient Name: _____ DOB: _____ Date: _____

Please review list and circle or list any symptoms that you are currently experiencing or circle no symptoms if you are not currently experiencing any problem.

Constitutional: Fever Chills Weight Loss Weight Gain
Other: _____ No Symptoms

Eyes: Blurred Vision Glaucoma Double Vision Wears contacts or glasses
Other: _____ No Symptoms

ENT: Hearing loss Ringing in Ears Runny Nose Stuffy Nose Sore Throat
Painful swallowing Other: _____ No Symptoms

Cardiovascular: Chest Pain Palpitations Edema Murmur Hypertension
Other: _____ No Symptoms

Respiratory: Shortness of Breath Wheezing Chronic Cough Phlegm COPD
Other: _____ No Symptoms

Gastrointestinal: Nausea Vomiting Constipation Diarrhea Blood in Stool
Other: _____ No Symptoms

Genitourinary: Painful Periods Irregular Periods Urinary Urgency Urinary Frequency
Pregnant Y/N Other: _____ No Symptoms

Musculoskeletal: Arthritis Joint Pain Back Pain Osteoporosis Swelling
Other: _____ No Symptoms

Integumentary: Rash Dry Skin Changing Moles Skin Cancer Warts
Other: _____ No Symptoms

Neurological: Seizures Numbness Stroke Tingling Headaches
Other: _____ No Symptoms

Psychiatric: Depression Anxiety Nervousness Suicidal Intentions Insomnia
Other: _____ No Symptoms

Endocrine: Diabetes Thyroid Disease Insulin Resistance Menopause
Other: _____ No Symptoms

Hematologic/Lymphatic: Anemia Bleeding Disorder Hemophilia Easy Bruising
Other: _____ No Symptoms

Allergic/Immunologic: Seasonal Allergies Immune Deficiency
Other: _____ No Symptoms

Allergy Survey: Food Allergy Y/N Sting Reactions Y/N Recurrent Urticaria Y/N Latex Allergy Y/N

Environment Survey: Heating: Forced Air/Hot Water AC: Central/Room/None
Basement/Crawl: Damp/Dry Bedroom Carpet: Yes/No
Smokers in Home: Yes/No History of Smoking: Yes/No
Pets: No Cat/Dog/Other: _____

Immunizations: Chicken Pox vaccine: Yes/No Flu Shot: Yes/No Pneumonia : Yes/No

Social History: Occupation: _____

Grade Level: _____ Day care: Yes/No