ATLANTIC ENT LLC MICHAEL WIDICK, M.D.

Name:	DATE:		
PATIENT REVIEW OF SYSTEMS			
Do you consider yourself generally: ❑ Healthy	❑ Fairly Healthy	❑ Not Healthy	
Have you ever experienced or are you experiencing any of the following: (Please check all that apply)			
EYES ❑ None	❑ Vision problems ❑ Painful Eyes	❑ Glaucoma ❑ Light Irritation	❑ Cataracts ❑ Other_____
EARS ❑ None	❑ Hearing Loss ❑ Ear infections ❑ Pain swimming	❑ Ringing in ears ❑ Vertigo	❑Pressure in ears ❑ Ear drainage
NOSE/SINUS ❑ None	❑ Runny nose ❑ Nose bleeds ❑ Sinus pressure	❑ Post-nasal drip ❑ Loss of smell ❑ Headaches	❑ Nasal congestion ❑ Facial pain ❑ Chronic cough
ORAL CAVITY ❑ None	❑ Bruxism (Teeth Grinding) ❑ Painful Teeth	❑ Sores in Mouth ❑ Missing Teeth ❑ Tongue Problems	Teeth condition: Good Fair Poor ❑ Dentures
PHARYNX (THROAT) ❑ None	❑ Infections ❑ Pain swallowing	❑ Difficulty swallowing food	❑ Difficulty swallowing fluids
LARYNX (VOICEBOX) ❑ None	❑ Laryngitis ❑ Change in voice	❑ Cough when swallow	❑ Hoarseness ❑ VocalCordParalysis
NECK ❑ None	❑ Masses ❑ Surgery	❑ Radiation treatments	❑ Cysts
CARDIOPULMONARY (HEART/LUNS)	❑ None ❑ Cough	❑ Chest Pain ❑ Palpitations	❑ Wheezing ❑ Shortness of breath
GASTROINTESTINAL (STOMACH) ❑ None	Appetite : Good Fair Poor	❑ Nausea ❑ Constipation ❑ Diarrhea	❑ Vomiting ❑ Heartburn/Acid indigestion or reflux
GENITOURINARY ❑ None	❑ Kidney infections ❑ Recurrent UTI ❑ Discharge	❑ Stones ❑ Urinating at night ❑ Blood in Urine	❑ Incontinence ❑ difficulty starting Urinary flow
MUSCULOSKELETAL ❑ None	❑ Serious injuries ❑ Joint pains	❑ Deformities ❑ Arthritis	❑ Loss of Strength
NEUROLOGIC ❑ None	❑History of weakness	❑ Numbness	❑ Headaches
PSYCHIATRIC ❑ None	❑ Mood swings ❑Suicidal tendencies	❑ Depression	❑ Anxiety
INTEGUMENTARY (SKIN)	❑ None ❑ Unusual moles	❑ Chronic irritation ❑ Rashes/Hives	❑ Itchy Skin ❑ Skin Cancer
ENDOCRINE ❑ None	❑ Thyroid disorders ❑ Hot Flashes	❑Hormone dysunction ❑Heat susceptibility	❑ Hair loss ❑Cold susceptibility
HEMATOLOGIC ❑ None	❑ Anemia (low blood count)	❑ History of Adenopathy	❑ History of bleeding tendencies
ALLERGIC ❑ None	❑ Sneezing ❑ Watery nose	❑ Itchy Eyes ❑ Itchy Nose	❑ "Writable Skin" Atopic Dermatitis