



Klamath Orthopedic and Sports Medicine Clinic
Review of system

Name: _____
Date of birth : _____
Appointment date: _____

Are you experiencing any of these conditions today?

No Yes

- Chills
- Fever
- Night Sweats
- Chest Pain
- Heart palpitations
- Leg Swelling
- Bleeding tendencies
- Anxiety
- Depression

No Yes

- Hearing Loss
- Vision Loss
- Constipation
- Heartburn
- Cold Intolerance
- Heat Intolerance
- Contact Dermatitis

No Yes

- Cough
- Shortness of Breath
- Painful Urination
- Frequent Urination
- Difficulty Urinating
- Skin Infections
- Dizziness
- Memory Loss
- Numbness