Waunakee Chiropractic, LLC
1024 Quinn Drive
Waunakee, WI 53597

# Medical Systems Review

***Select all symptoms that the patient currently has.***

**Name:**_____ **Today's Date:** _____

**Genito-Urinary System**

| | | | | |
|---|---|---|---|---|
| □Back Pain | □Cloudy Urine | □Excessive Urine | □Scanty Urination | □Urgency |
| □Bed Wetting | □Discharge | □Impotence | □Small Caliber Stream | □ _____ |
| □Bladder Trouble | □Discolored Urine | □Incontinence | □Stones | □ _____ |
| □Burning | □Dribbling | □Painful Urination | □Straining | |

**Nervous System**

| | | | | |
|---|---|---|---|---|
| □Confusion | □Dizziness | □Headaches | □Muscle Jerking | □Tingling |
| □Convulsions | □Fainting | □Incoordination | □Numbness | □Vertigo |
| □Depression | □Forgetfulness | □Loss of Feeling | □Paralysis | □Weak Grip |
| □Difficulty of Speech | □Hand Trembling | □Loss of Memory | □Seizures | □ _____ |

**Eyes, Ears, Nose & Throat**

| | | | | |
|---|---|---|---|---|
| □Anosmia | □Dysphagia | □Hearing Loss | □Pain | □Tonsillitis |
| □Bleeding Gums | □Ear Discharge | □Hoarseness | □Recurrent Infections | □Ulcers |
| □Blisters | □Ear Noise | □Hypo anosmia | □Sore Gums | □Vision Problems |
| □Breathing Problems | □Ear Pain | □Loss of Teeth | □Sore Mouth | □ _____ |
| □Dental Problems | □Eye Inflammation | □Nose Bleeding | □Sore Throat | □ _____ |
| □Deviated Septum | □Eye Strain | □Nasal Discharge | □Sores | □ _____ |
| □Dry Mouth | □Halitosis | □Nose Pain | □Speech Difficulty | □ _____ |

**Gasto-Intestinal System**

| | | | | |
|---|---|---|---|---|
| □Abnormal Pain | □Diarrhea | □Excessive thirst | □Nausea | □Weight loss greater than 10 pounds |
| □Black stool | □Difficulty chewing | □Gall bladder | □Poor appetite | |
| □Bloody stool | □Difficulty swallowing | □Hemorrhoids | □Vomiting food | □ _____ |
| □Constipation | □Excessive hunger | □Liver trouble | □Vomiting blood | □ _____ |

**Cardiovascular System**

| | | | | |
|---|---|---|---|---|
| □High blood pressure | □Coughing blood | □Heart problem | □Persistent cough | □ _____ |
| □Low blood pressure | □Coughing phlegm | □Lung problem | □Rapid heartbeat | □ _____ |
| □Chest Pain | □Difficulty breathing | □Pain over heart | □Varicose veins | □ _____ |

**Constitutional**

| | | | | |
|---|---|---|---|---|
| □Anxiety | □Dizzy spells | □Irritability | □Night sweats | □ _____ |
| □Chills | □Fainting | □Loss of sleep | □Tension | □ _____ |
| □Concentration loss | □Fatigue | □Memory loss | □Weakness | □ _____ |
| □Depression | □Fever | □Nervousness | □_____ | □ _____ |

**Integumentary System**

| | | | | |
|---|---|---|---|---|
| □Dryness | □Itching | □Nail bed changes | □Sores | □ _____ |
| □Hair changes | □Moles | □Rashes | □_____ | □ _____ |

**Musculoskeletal System**

| | | | | |
|---|---|---|---|---|
| □Back Pain | □Joint pain | □Muscle cramps | □Muscle weakness | □ _____ |
| □Hot joints | □Joint stiffness | □Muscle pain | □Spine curvature | □ _____ |
| □Injuries | □Joint swelling | □Muscle twitching | □Tenderness | □ _____ |

**Endocrine System**

| | | | | |
|---|---|---|---|---|
| □Breast changes | □Extreme thinness | □Heat intolerance | □Weight gain | □ _____ |
| □Cold intolerance | □Hair changes | □Hoarseness | □Weight loss | □ _____ |

**Psychiatric**

| | | | | |
|---|---|---|---|---|
| □Alcoholism | □Drug dependency | □Insecurity | □Suicidal thoughts | □ _____ |
| □Anxiousness | □Extreme worry | □Irritability | □Timid | □ _____ |
| □Depression | □Hallucinations | □Loss of memory | □Troubled sleep | □ _____ |
| □Drug addiction | □Hyperventilation | □Sexual problems | □Undecidedness | □ _____ |

**The information I have provided above is complete to the best of my knowledge.**

**Signature:** _____