THE CENTER FOR MANUAL MEDICINE
&
REGENERATIVE ORTHOPEDICS

"We help you, help yourself"

5000 SW 21st Street Topeka, KS 66604 Phone:785-271-8100 Fax: 785-271-9257 www.ctrmm.com

Review of Systems

Name:_____Date:_____

Have you had any of the following?

1. **Pulmonary issues?** ☐ No issues ☐ Asthma / difficulty breathing ☐ Shortness of breath ☐ Cough ☐ COPD Other_____
2. **Cardiovascular issues**? ☐ No issues ☐ Heart surgery ☐ Chest Pain ☐ Congestive heart failure ☐ Hypertension ☐ Peripheral Edema ☐ Pace maker ☐ Irregular heart beat
   Other_____
3. **Neurological issues?** ☐ No issues ☐ One-sided weakness ☐ Headaches ☐ History of epilepsy ☐ Memory Loss ☐ Tremors ☐ Vertigo ☐ Strokes/ TIA Other_____
4. **Endocrine issues?** ☐ No Issues ☐ Thyroid disease ☐ Steroid Therapy ☐ Hormone Replacement Therapy ☐ Diabetes, Type I or II, last A1C_____ Other_____
5. **Renal issues?** ☐ No issues ☐ Kidney Stones ☐ Blood in urine ☐ Incontinence ☐ Bladder infection Other_____
6. **Gastrointestinal issues?** ☐ No issues ☐ Nausea ☐ Vomiting ☐ Diarrhea ☐ Constipation ☐ Heartburn ☐ Abdominal Pain ☐ Irritable bowel/Colitis ☐ Hepatitis or liver disease
   Other_____
7. **Hematological issues?** ☐ No issues ☐ Anemia ☐ Abnormal bleeding/ bruising ☐ Enlarged lymph nodes ☐ History of blood clots ☐ Regular anti-inflammatory use including over the counter
   Other_____
8. **Dermatological issues?** ☐ No issues ☐ Rash ☐ Burns ☐ Skin lesions ☐ Psoriatic disorder ☐ Hypertrophic Scar Other_____
9. **Musculo-Skeletal issues?** ☐ No issues ☐ Rheumatoid Arthritis ☐ Osteoarthritis ☐ Scoliosis ☐ Gout ☐ Broken bones ☐ Joint surgery ☐ Spinal Fractures ☐ Metal Implants ☐ Osteoporosis/Osteopenia Other_____
10. **Psychological issues?** ☐ No issues ☐ Psychiatric diagnosis ☐ Depression ☐ Bipolar ☐ Suicidal ☐ Schizophrenia ☐ Anxiety ☐ Substance use disorder Other_____
11. **Immunologic issues?** ☐ No issues ☐ Chemotherapy ☐ High dose steroids ☐ Transplant ☐ Immunocompromised ☐ Cancer, Type_____
12. **Constitutional issues?** ☐ No issues ☐ Fever ☐ Chills ☐ Sweats ☐ Weakness ☐ Fatigue ☐ Active infection ☐ Vision changes ☐ Hearing changes Other_____