

# Patient Systems Review

Name \_\_\_\_\_

Please indicate any symptoms you experience and how often – 1: Occasionally, 2: Frequently, 3: Constantly/Often

## General

- Feeling unwell
- Lack of energy
- Weakness
- Fatigue
- Unexplained fever
- Weight gain
- Weight loss
- Excessive thirst
- Excessive hunger
- Dizziness on rising
- Shaking or anxious if missing a meal
- Feeling too hot or too cold

## Gastrointestinal

- Changed appetite
- Loss of taste/smell
- Difficulty swallowing
- Heartburn
- Reflux
- Nausea
- Vomiting
- Bad breath
- Coated tongue
- Belching
- Bloating
- Flatulence
- Fullness after meals
- Food cravings (please list)

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- Abdominal pain/cramps
  - Intolerant of fatty foods
  - Use of antacids/proton pump inhibitors
  - Constipation
  - Diarrhoea
  - Incomplete emptying
  - Haemorrhoids
  - Rectal bleeding
  - Anal/rectal fissures
  - Anal itching

## Respiratory

- Shortness of breath
- Cough
- Wheezing
- Asthma
- Expectoration

## Cardiovascular

- Racing heart beat
- Irregular heart beat
- High blood pressure
- High cholesterol

- Chest pain/angina
- Varicose veins
- Nose bleeds
- Swollen ankles
- Cold hands/feet
- Easy bruising
- Blood clots
- Anaemia

## Musculoskeletal

- Sore back
- Sore neck
- Sore/stiff joints
- Muscle pain
- Muscle cramps
- Injuries
- Deformities

## Genitourinary

- Frequent urination
- Night urination
- Painful urination
- Blood in urine
- Incontinence
- Incomplete emptying
- Infections/cystitis
- Discharge
- Sores/blisters/lumps
- STDs
- Loss of libido
- Infertility

## Male reproduction

- Prostate problems
- Hesitant/Diminished urine flow
- Dribbling
- Testicle pain/swelling
- Erectile dysfunction

## Female reproduction

- Painful periods
- Heavy or scanty periods
- Irregular or absent periods
- Premenstrual syndrome
- Bleeding or spotting between periods
- Hot flushes/night sweats
- Sore breasts
- Breast lumps
- Painful intercourse

## Hair

- Falling out
- Breaking/splitting

- Oily
- Dry
- Lack of lustre
- Excessive hair growth (ie facial hair)

**Skin**

- Rash
- Lumps
- Sores
- Eczema/dermatitis
- Itching
- Dryness
- Lack of elasticity
- Moles with colour/shape change, increased size

**Nails**

- Soft
- Brittle
- Splitting

**Immunity**

- Frequent colds/flu/infections
- Slow wound healing
- Autoimmune disorders
- Viral infections (glandular/ross river/barmah forest)
- Allergies (food/environmental/chemicals)
- Swollen lymph nodes

**Vision/Eyes**

- Floaters
- Blurred/double vision
- Itchy
- Redness/inflammation
- Dark circles under eyes
- Puffy eyes
- Tearing or too dry

**Hearing/Ears**

- Hearing loss
- Earache
- Infection
- Discharge
- Excessive wax
- Ringing in the ears
- Loss of balance

**Throat/mouth**

- Sore throat
- Dry mouth
- Hoarseness
- Tonsillitis
- Sore tongue
- Cold sores
- Bleeding gums
- Receding gums
- Mouth ulcers
- Post nasal drip
- Dental caries

**Sleep**

- Difficulty falling asleep
- Difficulty staying awake
- Unrefreshing sleep
- Lack of dreams
- Anxious dreams
- Frequent waking
- Restless sleeper
- Snoring or sleep apnoea
- Grinding teeth

**Neurological**

- Dizziness
- Tremors
- Numbness
- Tingling/crawling sensation
- Pins and needles
- Shooting or radiating pain
- Weakness
- Restless legs
- Sensitive to light
- Sensitive to noise
- Unsteady gait
- Headaches/migraines
- Seizures/fits

**Psychological**

- Depression
- Nervousness/Anxiety/Excessive worry
- Feeling overwhelmed/unable to cope
- Suicidal thoughts
- Lack of self esteem
- Irritability
- Mood swings
- Recurrent thoughts
- Poor memory/concentration
- Confusion
- Mental fog

Have you been diagnosed with any illness, please list:

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It would be beneficial to bring the results of your medical tests and a list of the medications you are using to your consultation.

Thank you for taking the time to complete this questionnaire.

