

Applied Neuroscience

David Arredondo MD
648 Menlo Avenue, Suite 9
Menlo Park, CA 94025
www.DavidArredondo.com

NAME _____
D.O.B. _____
AGE _____
DATE _____

Review of Systems Questionnaire

Please circle if you have any of the following symptoms – feel free to add notes:

General: Recent Weight Loss/Gain, Weakness/Fatigue, Loss of Appetite, Fever, “Feeling Bad”

Notes:

Skin: Dry Skin, Discoloration/Color Change, New “Spots”, Cancer/Tumors/Cyst, Boils, Acne, Bug Bites, Itch/Rash, Other Skin Disease or Problems

Notes:

Head: Headaches, Blows to the Head, Concussion, Loss of Consciousness, Seizure

Notes:

Eyes: Change in Vision, Eye Injury, Infection, Blurred/Double Vision, Eye Itching/Burning, Bloodshot Eyes, Light Sensitivity, Eye Discharge

Notes:

Ears, Nose, Throat, Mouth: Loss of Hearing, Earache, Infections, Nose/Sinus Problems, Gum Disease, Bleeding Gums, Recurrent Throat Problems, Sore Throat, Voice Change/Hoarseness, Canker Sores, Bad Breath, Tooth Decay, Nose Bleeds

Notes:

Cardiovascular: Shortness of Breath, Chest Pain/Pressure (weight on chest), Palpitation/Pounding Heart, Rapid Heart Rate, High Blood Pressure, Swollen Feet/Ankles, Varicose Veins, Blood Clot, Fingers get blue or red

Notes:

Respiratory: Cough, Asthma, Wheezing, Emphysema, Bronchitis, Tuberculosis, Coughing Blood, Allergies, Hay Fever, Difficulty Breathing, Shortness of Breath

Notes:

Gastrointestinal Tract: Heartburn, Indigestion, Reflux, Nausea, Vomiting, Abdominal Pain, Cramping, Liver Problems, Constipation, Diarrhea, Black Stools, Hemorrhoids, Blood in Stool, Irritable Bowel, Hepatitis

Notes:

Genitourinary: Difficulty Starting Urination, Wanting to go but you can't, Frequent Urination, Incontinence, Painful Urination, Blood in Urine, Cloudy Urine, Kidney Infection, Stones, Venereal Disease, Sexually Transmitted Disease (HIV, Gonorrhea, Herpes, Syphilis, Chlamydia, Venereal Warts, "Crabs", Lice)

Notes:

Musculoskeletal: Arthritis, Joint Pain, Fracture, Back Pain, Hip Pain

Notes:

Neurological: Dizziness, Numbness in Legs, Arms, Fingers or Toes, Headaches, Troubles with Speech, Seizures, Memory Difficulty, Loss of Sensation, Frequent Forgetfulness, Poor Memory, Shooting Pains, Confusion, Dejavu, Letter Reversal, Number Reversal, Difficulties with Directions (Geographical), Getting Lost

Notes:

Psychiatric: Depression, Nervousness, Problems with Sleep, INCLUDE ALL PRIOR THERAPY, CONSULTATIONS, MEDICATIONS, SELF HELP, COACHING, ETC

Notes:

Endocrine (Hormones): Increased Appetite/Thirst/Urination, Diabetes/High Blood Sugar, Hair Loss

Notes:

Blood Disorders: Frequent Bruising, Clotting, Bleeding that is Difficult to Stop

Notes:

(DO NOT FILL THIS OUT SECTION UNLESS YOU FEEL COMFORTABLE DOING SO
– PLEASE DISCUSS WITH DR. ARREDONDO IN PERSON INSTEAD

For Women: Pregnancies, Miscarriages, Terminated Pregnancies, Irregular/Painful Menstruation, Bloating, Premenstrual Syndrome, Hot Flashes, Ovarian Cysts, Night Sweats, Severe Mood Swings, Cramping, Endometriosis, Cervical Cancer or Pre-Cancer

Notes:

Substance Use: Problems with Prescriptions Drugs, Problems with Recreational Drugs, LSD, Marijuana, Mushrooms, Cocaine, Methamphetamine, Ecstasy, Heroin, Dilaudid, Other Opiates, Alcohol, Hydrocodone/Oxycodone, Suboxone, Ambien, Xanax, Valium, Ativan, “Bath Salts”

Notes:

PLEASE ADD ANY OTHER SYMPTOMS, QUESTIONS, or CONCERNS BELOW:

Thank You for your careful attention to this 3 page form.