HEART & VASCULAR CARE
FLORIDA
At JFK Medical Center

PATIENT NAME:______________________________ DOB:_______________________

14-POINT REVIEW OF SYSTEMS

PLEASE CIRCLE CURRENT SYMPTOMS/DEVICES

CONSTITUTIONAL: FEVER NIGHT SWEATS CHILLS FATIGUE
WEIGHT GAIN/LOSS CHANGES IN APPETITE

EYES: CHANGE IN VISION LOSS OF VISION BLURRED VISION DOUBLE VISION GLASSES

EARS: DIFFICULTY HEARING HEARING LOSS HEARING AIDES

NOSE: NASAL CONGESTION NASAL DISCHARGE

MOUTH/THROAT/VOICE: DENTURES LIP SORES MOUTH SORES TONGUE SORES
SORE THROAT

HEAD/NECK: NECK PAIN NECK STIFFNESS

SKIN: RASH LESIONS NAILS BRUISING ITCHING

RESPIRATORY: COUGH WHEEZING SHORTNESS OF BREATH WHEN LYING DOWN
DIFFICULTY BREATHING WAKING UP FROM SLEEP GASPING FOR AIR

CARDIOVASCULAR: CHEST PAIN PALPITATIONS PASSING OUT
LOWER EXTREMITY EDEMA

GASTROINTESTINAL/GENITOURINARY: ABDOMINAL PAIN NAUSEA
CONSTIPATION DIARRHEA
VOMITING PAINFUL URINATION

MUSCULOSKELETAL: MUSCLE PAIN BACK PAIN MUSCLE CRAMPS JOINT PAIN

NEUROLOCICAL: HEADACHES LIGHT HEADACHES DIZZINESS WEAKNESS ON ONE SIDE

PSYCHIATRIC: SLEEP DISTURBANCES ANXIETY DEPRESSION
THOUGHTS OF SUICIDE