VILLAGE HEALTH PARTNERS

Village Health Partners
Aparna Ayyagari, MD

Review of Systems

Endocrinology

Patient Name: ____ **Date of Birth:** ______________________

(please circle all that apply)

GENERAL:	**EYES:**	**GASTRO:**	**PSYCHIATRIC:**
Chills	Cataract	Abdominal Mass	Mood Changes
Fatigue	Glaucoma	Abdominal Pain	Nervousness
Fever	Vision Changes	Bloating	Panic Attacks
Pain	Vision Loss	Change in Bowel Habit	Depression
Sleep Problems		Constipation	Anxiety
Weakness	**RESPIRATORY:**	Diarrhea	Memory Loss
Weight Change	Asthma	Difficulty Swallowing	
	Cough	Nausea	**HEMATOLOGY:**
SKIN:	Difficulty breathing	Pancreatitis	Abnormal Bleeding
Dryness	Wheezing	Vomiting	Anemia
Easy Bruising			Enlarged Lymph Nodes
Excessive sweating	**BREAST:**	**MUSCLE:**	
Rash	Breast Mass	Arthritis	
Skin Color Changes	Breast Pain	Back Pain	
Ulcer	Breast Swelling	Claudication	
	Nipple Discharge	Joint Pain / Swelling	
ENT:	Breast Size Changes	Muscle Cramps / Pain	
Healing Loss		Muscle Weakness	
Ear Pain	**CARDIO:**		
Sinus Problems	Chest Pain	**NEURO:**	
	Edema	Dizziness	
NECK:	Fainting	Headaches	
Neck Pain	Irregular Heart Beat	Numbness	
Neck Stiffness	Leg Cramps	Seizures	
Swollen Glands	Leg Pain	Syncope	
	Leg Swelling	Tremor	
	Palpitations		