

# COLLEGE PARK FAMILY CARE CENTER

## ADULT ALLERGY REVIEW OF SYSTEMS (Ages 13 and up)

Name \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

<b>ANY PROBLEMS IN THESE AREAS?</b> (circle one if applicable)	<b>YES</b>	<b>NO</b>
CONSTITUTIONAL (fatigue, 10 pounds or greater weight GAIN or LOSS)	_____	_____
EYES (glaucoma, cataracts, other major problems)	_____	_____
ENT (hoarseness, deafness, vertigo, other)	_____	_____
CARDIOVASCULAR (high blood pressure, chest pains, heart/circulation problems)	_____	_____
LUNGS (pneumonia, breathing problems, TB)	_____	_____
GASTROINTESTINAL (colitis, irritable bowel syndrome, reflux/heartburn, gas, bloating, loose stools, stomach or duodenal ulcer, liver problems, diverticulitis)	_____	_____
GU (male problems/prostate, kidney problems/dialysis, female problems, other)	_____	_____
MUSCULOSKELETAL (arthritis, fractures, osteoporosis, other)	_____	_____
INTEGUMENTARY (breast cancer, skin cancer, other cancer)	_____	_____
NEUROLOGICAL (stroke, seizures, migraines, significant headache problems, multiple sclerosis, other)	_____	_____
PSYCHIATRIC (depression, anxiety, emotional/psychological problems, phobias)	_____	_____
ENDOCRINE (diabetes, thyroid, adrenal)	_____	_____
IMMUNOLOGIC (immune deficiency, lupus, Sjogren's syndrome, AIDS/HIV)	_____	_____
SKIN (allergy, dry skin, rashes, hives)	_____	_____
SOCIAL HISTORY (major life changes, stress) <u>Briefly state:</u>		