



Brian A. Lemper, D.O.
Board Certified and Fellowship Trained in
Pain Management

Review of Systems
Present Medical History
(Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Numbness |
| <input type="checkbox"/> Abnormal bleeding | <input type="checkbox"/> Pain in leg while walking |
| <input type="checkbox"/> Birth Control | <input type="checkbox"/> Palpitation |
| <input type="checkbox"/> Bleeding | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Breast exam | <input type="checkbox"/> Reflux |
| <input type="checkbox"/> Breast lumps | <input type="checkbox"/> Ringing in the ears |
| <input type="checkbox"/> Bruising | <input type="checkbox"/> Sacral pain (tailbone) |
| <input type="checkbox"/> Cervical pain | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Change in sleep patterns | <input type="checkbox"/> Shortness of Breath lying down |
| <input type="checkbox"/> Chest pain | <input type="checkbox"/> Shortness of Breath with exertion |
| <input type="checkbox"/> Congestion | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Sores |
| <input type="checkbox"/> Dark/Bloody or Black tarry stool | <input type="checkbox"/> Sputum |
| <input type="checkbox"/> Delayed wound healing | <input type="checkbox"/> Sputum |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Swollen glands |
| <input type="checkbox"/> Dysuria | <input type="checkbox"/> Syncope (passing out) |
| <input type="checkbox"/> Ear pain | <input type="checkbox"/> Thoracic pain (midback) |
| <input type="checkbox"/> Edema/swelling | <input type="checkbox"/> Thyroid |
| <input type="checkbox"/> Excessive thirst | <input type="checkbox"/> Tingling |
| <input type="checkbox"/> Eye pain | <input type="checkbox"/> Ulcerations |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Ulcers (stomach) |
| <input type="checkbox"/> Frequent infections | <input type="checkbox"/> Vaginal discharge |
| <input type="checkbox"/> Frequent urination | <input type="checkbox"/> Vertigo |
| <input type="checkbox"/> Hallucinations | <input type="checkbox"/> Visual changes |
| <input type="checkbox"/> Heart palpitations | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Heat and Cold intolerance | <input type="checkbox"/> Weakness |
| <input type="checkbox"/> Hematemesis/ vomiting blood | <input type="checkbox"/> Weight loss |
| <input type="checkbox"/> Itching | <input type="checkbox"/> Wheezing |
| <input type="checkbox"/> Lumbar pain | |
| <input type="checkbox"/> Muscle/ Joint pain | |
| <input type="checkbox"/> Nausea | |