

## ENVIRONMENTAL HISTORY SYSTEMS REVIEW FORM

NAME \_\_\_\_\_ DATE \_\_\_\_\_

Please complete the following. Number the items with a 1 for MILD, 2 for MODERATE, and 3 for SEVERE. Leave the line blank if it does not apply to you.

### SKIN

\_\_\_\_\_ Abnormal pigmentation, brown spots

\_\_\_\_\_ Acne

\_\_\_\_\_ Change in a mole

\_\_\_\_\_ Dry/scaly skin

\_\_\_\_\_ Easy bruising

\_\_\_\_\_ Frequent itching

\_\_\_\_\_ Flushing/hot flashes

\_\_\_\_\_ Hair loss

\_\_\_\_\_ Frequent infections/boils

\_\_\_\_\_ Hives, rash, eczema

\_\_\_\_\_ Oily skin

\_\_\_\_\_ Skin cancer

\_\_\_\_\_ Skin disease

### EYES

\_\_\_\_\_ Bags/dark circles

\_\_\_\_\_ Blurred vision

\_\_\_\_\_ Cataract/glaucoma

\_\_\_\_\_ Swollen, red, sticky eyelids

\_\_\_\_\_ Watery, itchy eyes

\_\_\_\_\_ Other eye diseases/injury

### EARS

\_\_\_\_\_ Drainage from ear

\_\_\_\_\_ Earaches, infections

\_\_\_\_\_ Itchy ears

\_\_\_\_\_ Hearing loss

\_\_\_\_\_ Ringing in the ears

## NOSE

\_\_\_\_\_ Frequent stuffy/runny nose

\_\_\_\_\_ Frequent colds

\_\_\_\_\_ Hay fever

\_\_\_\_\_ Nose bleeds

\_\_\_\_\_ Sneezing attacks

\_\_\_\_\_ Sinus Problems

## MOUTH/THROAT

\_\_\_\_\_ Bleeding gums

\_\_\_\_\_ Canker sores

\_\_\_\_\_ Chronic coughing

\_\_\_\_\_ Dry mouth

\_\_\_\_\_ Gagging, clearing the throat

\_\_\_\_\_ Lump in the throat

\_\_\_\_\_ Sore throat

\_\_\_\_\_ Hoarseness/loss of voice

\_\_\_\_\_ Sore tongue

\_\_\_\_\_ Swollen/discolored tongue/lips

## CIRCULATORY

\_\_\_\_\_ Pulsations in abdomen

\_\_\_\_\_ Abnormal exam/test

\_\_\_\_\_ Chest pain/tightness

\_\_\_\_\_ Cold hands/feet

\_\_\_\_\_ Color changes in toes/feet

\_\_\_\_\_ Difficulty walking 1-2 blocks

\_\_\_\_\_ Discoloration/sores of feet

\_\_\_\_\_ Heart murmur

\_\_\_\_\_ Mitral valve prolapse

\_\_\_\_\_ Heart attack/Heart disease

\_\_\_\_\_ High cholesterol/Triglycerides

\_\_\_\_\_ High/Low Blood Pressure

\_\_\_\_\_ Leg cramps at rest or night

\_\_\_\_\_ Palpitations

\_\_\_\_\_ Rapid/Skipped Heartbeats

\_\_\_\_\_ Stroke

\_\_\_\_\_ Swelling of hands/feet/ankle

\_\_\_\_\_ Varicose veins/Phlebitis

## RESPIRATORY

- \_\_\_\_\_ Asthma/Chronic Bronchitis/Emphysema
- \_\_\_\_\_ Chest congestion/Frequent Cough
- \_\_\_\_\_ Coughing up blood
- \_\_\_\_\_ Frequent exposure to chemicals/dust/etc.
- \_\_\_\_\_ Pleurisy/Pneumonia/Tuberculosis
- \_\_\_\_\_ Shortness of breath/Difficulty breathing
- \_\_\_\_\_ Smoking
- \_\_\_\_\_ Sputum
- \_\_\_\_\_ Wheezing
- \_\_\_\_\_ Any other lung trouble

## DIGESTIVE

- |                                            |                               |
|--------------------------------------------|-------------------------------|
| _____ Appetite (poor, medium, good)        | _____ Hemorrhoids             |
| _____ Belching/passing gas                 | _____ Hepatitis/Liver trouble |
| _____ Bleeding/Black stools                | _____ Jaundice                |
| _____ Bloating feeling                     | _____ Mucous in stool         |
| _____ Colitis/Diverticulitis/Polyps        | _____ Nausea/Vomiting         |
| _____ Constipation/Painful bowel movements |                               |
| _____ Diarrhea                             | _____ Peptic ulcer            |
| _____ Gallbladder disease                  |                               |
| _____ Heartburn/Indigestion                |                               |

## KIDNEY/BLADDER

- \_\_\_\_\_ Blood/Sugar/Pus in urine
- \_\_\_\_\_ Burning/Painful urination
- \_\_\_\_\_ Frequent urinating
- \_\_\_\_\_ Night time urination
- \_\_\_\_\_ Gravel/stone in urine
- \_\_\_\_\_ Kidney/Bladder infection
- \_\_\_\_\_ Kidney/Bladder disease
- \_\_\_\_\_ Water retention
- \_\_\_\_\_ Weak bladder

## JOINTS/MUSCLES

- |                                           |                                |
|-------------------------------------------|--------------------------------|
| _____ Swelling/pains/aches in joints      | _____ Gout                     |
| _____ Arthritis                           | _____ Pain/aches in muscles    |
| _____ Back/Neck pains                     | _____ Spasms/cramps in muscles |
| _____ Bursitis                            | _____ Rheumatism               |
| _____ Difficulty in walking               | _____ Sciatica                 |
| _____ Gout                                | _____ Tremors of hands/feet    |
| _____ Pain/aches/cramps/spasms in muscles |                                |
| _____ Rheumatism                          |                                |

## NEUROLOGICAL

- \_\_\_\_\_ Back pains
- \_\_\_\_\_ Convulsions
- \_\_\_\_\_ Epilepsy
- \_\_\_\_\_ Fainting spells
- \_\_\_\_\_ Frequent headaches
- \_\_\_\_\_ Head injury/Concussion
- \_\_\_\_\_ Loss of coordination
- \_\_\_\_\_ Memory Problems
- \_\_\_\_\_ Migraine headaches
- \_\_\_\_\_ Multiple Sclerosis
- \_\_\_\_\_ Muscle twitchings
- \_\_\_\_\_ Nervous Disease
- \_\_\_\_\_ Neuritis
- \_\_\_\_\_ Paralysis
- \_\_\_\_\_ Radiating pain down the legs
- \_\_\_\_\_ Tingling/Numbness of arms, legs, face
- \_\_\_\_\_ Weakness of arms, legs, or face

## ENDOCRINE

- \_\_\_\_\_ Heat/Cold intolerance
- \_\_\_\_\_ Diabetes
- \_\_\_\_\_ Steroid prescriptions in past
- \_\_\_\_\_ Excessive thirst
- \_\_\_\_\_ Excessive appetite

## HEMATOLOGICAL

- \_\_\_\_\_ Abnormal bleeding
- \_\_\_\_\_ Anemia (past, present)
- \_\_\_\_\_ Blood disease
- \_\_\_\_\_ Cuts/Bruises slow to heal
- \_\_\_\_\_ Phlebitis/Thrombosis

## GENERAL

- Excessive fatigue
- Frequent anger/irritability
- Frequent nightmares
- Frequent crying spells
- Frequent depressed spells
- Frequent illness
- Frequent loneliness
- Frequent suicidal thoughts
- General weakness/tires easily
- Insomnia/sleep related issues
- Loss of ambition
- Mood swings
- Nervous breakdown
- Poor general health
- Stressful job/Life
- Unusual fears
- Unusual Stress/Anxiety
- Reduced sex drive
- Other sexual problems

## MIND

- Confusion
- Difficulty making decisions
- Irritability
- Learning disabilities
- Poor concentration
- Poor memory
- Slurred speech
- Stuttering/stammering

## WEIGHT

- Binge eating/drinking
- Compulsive eating
- Craving certain foods
- Water retention
- Over/Underweight

## ENERGY

- Lethargy/Apathy
- Hyperactivity

## MALES

- \_\_\_\_\_ Discharge from penis
- \_\_\_\_\_ Painful/swollen testicles
- \_\_\_\_\_ Prostate trouble
- \_\_\_\_\_ Trouble with ejaculation
- \_\_\_\_\_ Trouble with erection
- \_\_\_\_\_ Sexually transmitted disease
- \_\_\_\_\_ Date of last prostate exam

## FEMALES

- \_\_\_\_\_ Irregular/painful menses
- \_\_\_\_\_ Bleeding between periods
- \_\_\_\_\_ Cysts/Tumors of Ovary/Uterus
- \_\_\_\_\_ Sex drive reduced/lacking
- \_\_\_\_\_ Pain during intercourse
- \_\_\_\_\_ Vaginal dryness
- \_\_\_\_\_ Vaginal infections/itching/discharge
- \_\_\_\_\_ Hair growth on face or body
- \_\_\_\_\_ Hot flashes/mood swings/depression
- \_\_\_\_\_ Date of last menstrual period
- \_\_\_\_\_ Date of last mammogram
- \_\_\_\_\_ Date of last PAP smear