Sauk Prairie Chiropractic, LLC
590 Fourth Street
Prairie du Sac, WI 53578

Medical Systems Review

Select all symptoms that the patient currently has.

Name: ______________________________ **Today's Date:** ______________

Genito-Urinary System

❑Back Pain	❑Coudy Urine	❑Excessive Urine	❑Scanty Urination	❑Urgency
❑Bed Wetting	❑Discharge	❑Impotence	❑Small Caliber Stream	❑ ____________
❑Bladder Trouble	❑Discolored Urine	❑Incontenance	❑Stones	❑ ____________
❑Burning	❑Dribbling	❑Painful Urination	❑Straining	❑ ____________

Nervous System

❑Confusion	❑Dizziness	❑Headaches	❑Muscle Jerking	❑Tingling
❑Convulsions	❑Fainting	❑Incoordination	❑Numbness	❑Vertigo
❑Depression	❑Forgetfulness	❑Loss of Feeling	❑Paralysis	❑Weak Grip
❑Difficulty of Speech	❑Hand Trembling	❑Loss of Memory	❑Seizures	❑ ____________

Eyes, Ears, Nose & Throat

❑Anosmia	❑Dysphagia	❑Hearing Loss	❑Pain	❑Tonsilitis
❑Bleeding Gums	❑Ear Discharge	❑Hoarseness	❑Recurrent Infections	❑Ulcers
❑Blisters	❑Ear Noise	❑Hypoanosmia	❑Sore Gums	❑Vision Problems
❑Breathing Problems	❑Ear Pain	❑Loss of Teeth	❑Sore Mouth	❑ ____________
❑Dental Problems	❑Eye Inflammation	❑Nose Bleeding	❑Sore Throat	❑ ____________
❑Deviated Septum	❑Eye Strain	❑Nasal Discharge	❑Sores	❑ ____________
❑Dry Mouth	❑Halitosis	❑Nose Pain	❑Speech Difficulty	❑ ____________

Gasto-Intestinal System

❑Abnormal Pain	❑Diarrhea	❑Excessive thirst	❑Nausea	❑Weight loss greater than 10 pounds
❑Black stool	❑Difficulty chewing	❑Gall bladder	❑Poor appetite	
❑Bloody stool	❑Difficulty swallowing	❑Hemorrhoids	❑Vomiting food	❑ ____________
❑Constipation	❑Excessive hunger	❑Liver trouble	❑Vomiting blood	❑ ____________

Cardiovascular System

❑High blood pressure	❑Coughing blood	❑Heart problem	❑Persistent cough	❑ ____________
❑Low blood pressure	❑Coughing phlegm	❑Lung problem	❑Rapid heartbeat	❑ ____________
❑Chest Pain	❑Difficulty breathing	❑Pain over heart	❑Varicose veins	❑ ____________

Constitutional

❑Anxiety	❑Dizzy spells	❑Irritability	❑Night sweats	❑ ____________
❑Chills	❑Fainting	❑Loss of sleep	❑Tension	❑ ____________
❑Concentration loss	❑Fatigue	❑Memory loss	❑Weakness	❑ ____________
❑Depression	❑Fever	❑Nervousness	❑ ____________	❑ ____________

Integumentary System

❑Dryness	❑Itching	❑Nail bed changes	❑Sores	❑ ____________
❑Hair changes	❑Moles	❑Rashes	❑ ____________	❑ ____________

Musculoskeletal System

❑Back Pain	❑Joint pain	❑Muscle cramps	❑Muscle weakness	❑ ____________
❑Hot joints	❑Joint stiffness	❑Muscle pain	❑Spine curvature	❑ ____________
❑Injuries	❑Joint swelling	❑Muscle twitching	❑Tenderness	❑ ____________

Endocrine System

❑Breast changes	❑Extreme thinness	❑Heat intolerance	❑Weight gain	❑ ____________
❑Cold intolerance	❑Hair changes	❑Hoarseness	❑Weight loss	❑ ____________

Psychiatric

❑Alcoholism	❑Drug dependency	❑Insecurity	❑Suicidal thoughts	❑ ____________
❑Anxiousness	❑Extreme worry	❑Irritability	❑Timid	❑ ____________
❑Depression	❑Hallucinations	❑Loss of memory	❑Troubled sleep	❑ ____________
❑Drug addiction	❑Hyperventilation	❑Sexual problems	❑Undecidedness	❑ ____________

The information I have provided above is complete to the best of my knowledge.

Signature: ____