



Paul Singer, MD
Neurologist

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NAME _____

DATE _____

REVIEW OF SYSTEMS

(circle any that apply)

GENERAL

fever
chills
general weakness

MUSCULOSKELETAL

neck pain
back pain
joint pain
muscle pain

EYES

blurry vision
vision loss
discomfort
redness

SKIN

rash
lesions
itching

EARS, NOSE, THROAT

congestion
bleeding
sore throat
ear ache

NEUROLOGICAL

headache
numbness
dizziness
seizure

CARDIOVASCULAR

chest pain
palpitations
shortness of breath
swelling of feet/ankles

PSYCHIATRIC

depression
anxiety
hallucinations

RESPIRATORY

shortness of breath
wheezing
coughing up blood
infected-appearing sputum

BLOOD/LYMPHATIC

excessive bruising
abnormal bleeding
swollen glands

GASTROINTESTINAL

abdominal pain
vomiting
diarrhea
bleeding

ENDOCRINE

excessive thirst or urination
heat or cold intolerance
significant weight changes

GENITOURINARY

pain on urination
increased frequency

INFECTION/ALLERGIES

hives
frequent infections