



CENTER OF HOPE

Gynecologic Oncology, Pelvic and Robotic Surgery

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REVIEW OF SYSTEMS

Please answer each of the following questions by indication of circling positive symptoms.

In the past 2 weeks, have you experienced any of the following symptoms:

SKIN:

- Rash
- Skin Ulcers
- Other Skin Problems

PSYCHIATRIC:

- Depression
- Other Problems

GENITOURINARY:

- Blood in Urine
- Pain with Urination
- Vaginal Discharge
- Vaginal Bleeding
- Painful intercourse
- Loss of Urine when Coughing or Sneezing

ENT/MOUTH:

- Ulcers Inside your Mouth
- Cold Symptoms

RESPIRATION:

- Shortness of Breath
- Wheezing (difficulty breathing)

MUSKULOSKELETAL

- Muscle Weakness
- Arthritis/Painful Joints

If so, which joints? _____

GASTROINTESTINAL:

- Nausea
- Vomiting
- Diarrhea
- Bloody Stool

NEUROLOGIC:

- Fainting
- Seizures
- Numbness of Finger or Toes

ENDOCRINE:

- Diabetes
- Thyroid Problems
- Hot Flashes

LYMPHATIC:

- Bruise Easily
- Bleeding Gums

CARDIOVASCULAR:

- Chest Pain
- Shortness of breath at rest
- Shortness of breath w/
walking or climbing stairs

ADDITIONAL:

- Weight Change
- Fatigue
- Recent Change in Vision