Bret Sokoloff, MD, MBA
Orthopaedic Surgeon

Daniel J. Tucker, DPM, FACFAS
Foot & Ankle Surgeon

REVIEW OF SYSTEMS

What symptoms you are having today or regularly.

- ❑ Fever >100
- ❑ Weight Change
- ❑ Ear Pain
- ❑ Frequent Nose Bleeds
- ❑ Sinus Problems
- ❑ Mouth Ulcer
- ❑ Tooth Infection
- ❑ Chest Pain
- ❑ Cough
- ❑ Wheezing
- ❑ Shortness of Breath
- ❑ Abdominal Pain
- ❑ Vomiting
- ❑ Diarrhea
- ❑ Blood in Stool
- ❑ Bowel Incontinence
- ❑ Urinary Loss of Control
- ❑ Blood in Urine
- ❑ Pain in Joints
- ❑ Rash
- ❑ Weakness
- ❑ Numbness
- ❑ Dizziness
- ❑ Headaches
- ❑ Fatigue
- ❑ Swollen Glands
- ❑ Easy Bruising
- ❑ Exposure to HIV
- ❑ **None**

Patient Name:_____ Date:_____

I may restrict the individuals or organizations to which my health care information is released and I may revoke my authorization to you at any time. This revocation must be given to Orthonow in writing and sent to their address.

In the event we can not contact you, please list family members or other persons, if any, whom we may inform about your general medical condition and diagnosis:

NAME:_____ RELATIONSHIP:_____

PHONE NUMBER:_____ DATE:_____

May we leave messages regarding your treatment, billing, insurance, or other aspects associated with your care on your home answering machine or voicemail? ❑ Yes ❑ No

SIGNATURE OF PATIENT /GUARDIAN:_____ DATE:_____
(MUST BE 18 YEARS OLD OR OLDER TO SIGN)