**Brookline Dermatology Associates, PC – Review of Systems**

**Are you currently experiencing any of the following? (Please check YES or NO for the following)**

|  |  |  |
| --- | --- | --- |
| **Symptom**  | **Yes**  | **No**  |
| Pacemaker |  |  |
| Defibrillator |  |  |
| Artificial Joints |  |  |
| Artificial Heart Valve |  |  |
| Premedication Prior to Procedures |  |  |
| Allergy to Adhesive |  |  |
| Allergy to Topical Antibiotic Ointments  |  |  |
| Blood Thinners |  |  |
| Pregnancy or Planning a Pregnancy  |  |  |
| Allergy to Lidocaine |  |  |
| Rapid Heartbeat with Epinephrine |  |  |
| Yeast infections with Antibiotics |  |  |
| GI Upset with Antibiotics |  |  |
| Problems with Bleeding |  |  |
| Problems with Healing |  |  |
| Problems with Scarring (Hypertrophic or Keloid) |  |  |
| Immunosuppression |  |  |
| New or Changing Moles |  |  |
| Rash  |  |  |
| Abdominal Pain |  |  |
| Anxiety |  |  |
| Bloody Stool  |  |  |
| Bloody Urine |  |  |
| Blurry Vision |  |  |
| Chest Pain  |  |  |
| Cough  |  |  |
| Depression |  |  |
| Fever or Chills  |  |  |
| Headaches |  |  |
| Hay Fever |  |  |
| Joint Aches |  |  |
| Muscle Weakness |  |  |
| Neck Stiffness |  |  |
| Seizures |  |  |
| Shortness of Breath  |  |  |
| Sore Throat  |  |  |
| Thyroid Problems |  |  |
| Unintentional Weight Loss |  |  |
| Wheezing  |  |  |

Other Symptoms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_