

\_\_\_\_\_ Date of Birth:\_\_\_\_/\_\_\_/\_\_\_\_

Endocrine Review of Systems: Check any symptoms you currently have
General:
<b>Eye:</b> Doubled vision Bulging eyes Loss of visual fields Blurry vision
<b>ENT:</b> Change in voice Hoarseness Change in neck size
Endocrine: Low blood sugar Breast leakage Cold intolerance Excessive sweating Increased thirst Heat intolerance
<b>Respiratory:</b> Short of breath Sleep apnea Asthma Cough
Cardiovascular: Fast heart rate leg/ankle swelling chest pain calf pain with walking Dizziness Palpitations
Gastrointestinal: Abdominal pain Constipation Diarrhea trouble swallowing Nausea Vomiting
Women:
Musculoskeletal: Decreased height Fractures Muscle aches Painful joints Weakness Osteoporosis Gout
<b>Genitourinary:</b> Urinary frequency Excessive night time urination Kidney stones
Men: Breast swelling Erectile dysfunction Loss of sex drive
Skin: Abnormal hair loss Abnormal hair growth Change in skin color Easy bruising Nail changes Dry skin Itching Rashes
Neurology:

] Burning in h	nands/feet	🗌 Frequent h	eadache 🗌	Tingling in	hands/feet	Tremors/s	hakiness

## **Psychiatry:**

rsycillatry.			
Depression	Mental fogginess	Anxiety	Difficulty sleeping