SWEETGRASS ENDOCRINOLOGY
ROPER ST. FRANCIS PHYSICIANS

Patient Name:________________________ Date of Birth:______/_____/_________

Endocrine Review of Systems: Check any symptoms you currently have

General:
☐ Fatigue ☐ Weight gain ☐ Weight loss ☐ Loss of appetite

Eye:
☐ Doubled vision ☐ Bulging eyes ☐ Loss of visual fields ☐ Blurry vision

ENT:
☐ Change in voice ☐ Hoarseness ☐ Change in neck size

Endocrine:
☐ Low blood sugar ☐ Breast leakage ☐ Cold intolerance ☐ Excessive sweating
☐ Increased thirst ☐ Heat intolerance

Respiratory:
☐ 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:
☐ Loss of sex drive ☐ Post menopausal ☐ hot flashes ☐ irregular periods

Musculoskeletal:
☐ Decreased height ☐ Fractures ☐ Muscle aches ☐ Painful joints ☐ Weakness
☐ Osteoporosis ☐ Gout

Genitourinary:
☐ 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 hands/feet ☐ Frequent headache ☐ Tingling in hands/feet ☐ Tremors/shakiness

Psychiatry:
☐ Depression ☐ Mental fogginess ☐ Anxiety ☐ Difficulty sleeping