REVIEW OF SYSTEMS:

Are you currently experiencing any of the following?

Please check yes or no for the following:

SYMPTOM	YES	NO	EXPLANATION
Problems with bleeding	_____	_____	_____
Problems with healing	_____	_____	_____
Problems with scarring	_____	_____	_____
Immunosuppression	_____	_____	_____
Changing mole	_____	_____	_____
Rash	_____	_____	_____
Abdominal pain	_____	_____	_____
Anxiety	_____	_____	_____
Fever/Chills	_____	_____	_____
Headache	_____	_____	_____
Thyroid problems	_____	_____	_____

Other Symptoms: