**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Review of Systems**

In the last month, have you experienced any of the following? Use the back to explain or provide more details.

**Physical**

🞎 Low energy level

🞎 Fatigue

🞎 Sleep problems

 🞎 Trouble falling asleep

 🞎 Trouble falling back to sleep

 🞎 Interrupted sleep

 🞎 Early waking

 🞎 Restless legs

 🞎 Snoring

🞎 Not feeling rested after sleep

🞎 Headache

🞎 Joint pains

🞎 Numbness/tingling/weakness

🞎 Reduced exercise capacity

🞎 Dissatisfied with current weight

🞎 Weight changes

🞎 Decreased appetite

🞎 Increased appetite

🞎 Change in libido (sexual appetite)

🞎 Increased anger/irritability

🞎 Decreased attention/concentration

🞎 Feeling sad or depressed

🞎 Feeling worried or anxious

**What other physical/mental/emotional problems are you dealing with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Social**

🞎 Change in use of addictive substances

🞎 Use of illegal drugs

🞎 Drinking more than 2 drinks

 🞎 Felt you should cut down

🞎 Felt annoyed by people criticizing your drinking?

🞎 Felt bad or guilty about drinking

🞎 Had a drink first thing upon waking up

🞎 Smoking, vaping, used smokeless tobacco

🞎 Problems with spouse/partner

🞎 Significant problems with children

🞎 Serious financial stressors

🞎 Less interest in hobbies/usual recreation

🞎 Less involvement with friends/organizations/ church

**What other social issues are you dealing with?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Use the following area to describe your usual job:

🞎 Friction at work

🞎 Unwelcome change in work schedule

🞎 High stress

🞎 Lack of support

🞎 High physical demands

If you are not working right now, please indicate how soon you expect to be able to return to your regular work:

🞎 Next 2 weeks 🞎 Next 2 months 🞎 I don’t know

🞎 I don’t expect to 🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_