

## Elite Performance Physical Therapy

### Review of the Systems

Are you currently having or had problems with any below? Circle Yes or No and describe all yes responses.

Eyes, Ears, Nose, Throat	YES	NO	
Lungs (breathing)	YES	NO	
Digestion	YES	NO	
Bowel/Bladder problems	YES	NO	
Diabetes	YES	NO	
High Blood Pressure	YES	NO	
Balancing	YES	NO	
Bleeding Problems	YES	NO	
Numbness/Tingling	YES	NO	
Blackouts/Fainting	YES	NO	
Epilepsy	YES	NO	
Psychological Problems	YES	NO	
AIDS	YES	NO	
Cancer	YES	NO	
Arthritis	YES	NO	
Polio	YES	NO	
TB	YES	NO	