

REVIEW OF SYSTEMS:.,CONSTITUTIONAL: Patient denies fevers, chills, sweats and weight changes.,EYES: Patient denies any visual symptoms.,EARS, NOSE, AND THROAT: No difficulties with hearing. No symptoms of rhinitis or sore throat.,CARDIOVASCULAR: Patient denies chest pains, palpitations, orthopnea and paroxysmal nocturnal dyspnea.,RESPIRATORY: No dyspnea on exertion, no wheezing or cough.,GI: No nausea, vomiting, diarrhea, constipation, abdominal pain, hematochezia or melena.,GU: No urinary hesitancy or dribbling. No nocturia or urinary frequency. No abnormal urethral discharge.,MUSCULOSKELETAL: No myalgias or arthralgias.,NEUROLOGIC: No chronic headaches, no seizures. Patient denies numbness, tingling or weakness.,PSYCHIATRIC: Patient denies problems with mood disturbance. No problems with anxiety.,ENDOCRINE: No excessive urination or excessive thirst.,DERMATOLOGIC: Patient denies any rashes or skin changes.