

REVIEW OF SYSTEMS,GENERAL: Negative weakness, negative fatigue, native malaise, negative chills, negative fever, negative night sweats, negative allergies.,INTEGUMENTARY: Negative rash, negative jaundice.,HEMATOPOIETIC: Negative bleeding, negative lymph node enlargement, negative bruisability.,NEUROLOGIC: Negative headaches, negative syncope, negative seizures, negative weakness, negative tremor. No history of strokes, no history of other neurologic conditions.,EYES: Negative visual changes, negative diplopia, negative scotomata, negative impaired vision.,EARS: Negative tinnitus, negative vertigo, negative hearing impairment.,NOSE AND THROAT: Negative postnasal drip, negative sore throat.,CARDIOVASCULAR: Negative chest pain, negative dyspnea on exertion, negative palpations, negative edema. No history of heart attack, no history of arrhythmias, no history of hypertension.,RESPIRATORY: No history of shortness of breath, no history of asthma, no history of chronic obstructive pulmonary disease, no history of obstructive sleep apnea.,GASTROINTESTINAL: Negative dysphagia, negative nausea, negative vomiting, negative hematemesis, negative abdominal pain.,GENITOURINARY: Negative frequency, negative urgency, negative dysuria, negative incontinence. No history of STDs. \*\*No history of OB/GYN problems.,MUSCULOSKELETAL: Negative myalgia, negative joint pain, negative stiffness, negative weakness, negative back pain.,PSYCHIATRIC: See psychiatric evaluation.,ENDOCRINE: No history of diabetes mellitus, no

history of thyroid problems, no history of endocrinologic abnormalities.