SHAW CANCER CENTER
VAIL HEALTH
A service of Vail Health Hospital

PATIENT INFO

REVIEW OF SYSTEMS

PAIN INTENSITY SCALE

Choose between a scale of 1 and 10 which best describes your pain:

☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

NO PAIN	MILD PAIN	MODERATE PAIN	MODERATE PAIN	SEVERE PAIN	WORST PAIN POSSIBLE
					
0 No Hurt	2 Hurts Little Bit	4 Hurts Little More	6 Hurts Even More	8 Hurts Whole Lot	10 Hurts Worst

ACTIVITY TOLERANCE SCALE

☐ No Pain	☐ Pain can be ignored	☐ Interferes with tasks	☐ Interferes with concentration	☐ Interferes with basic needs	☐ Bedrest required

Overall, are you satisfied with your pain management? ☐Yes ☐No

Comments:

Since your last visit, have you had any of the following symptoms? (Please check appropriate box)

Review of Systems		Yes	No	Please explain "yes"
Constitutional	Fever/Chills	☐	☐	
	Night sweats	☐	☐	
	Hot flashes	☐	☐	
	Weight loss/gain	☐	☐	
	Fatigue	☐	☐	
EENT	Vision changes	☐	☐	
	Double vision	☐	☐	
	Sore throat	☐	☐	
	Nasal drainage	☐	☐	
	Mouth sores	☐	☐	
	Bleeding from gums	☐	☐	
	Loss of hearing	☐	☐	
Respiratory	Cough	☐	☐	
	Phlegm production	☐	☐	
	Shortness of breath	☐	☐	

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PATIENT INFO

REVIEW OF SYSTEMS

Review of Systems		Yes	No	Please explain "yes"
Cardiovascular	Chest pain	☐	☐	
	Heart palpitations	☐	☐	
	Swelling of feet	☐	☐	
Gastrointestinal	Swallowing problems	☐	☐	
	Stomach pain	☐	☐	
	Constipation	☐	☐	
	Diarrhea	☐	☐	
	Nausea	☐	☐	
	Vomiting	☐	☐	
Genitourinary/Gyn	Burning	☐	☐	
	Frequency/urgency	☐	☐	
	Blood in urine	☐	☐	
	Vaginal bleeding/spotting	☐	☐	
	Breast lumps	☐	☐	
	Nipple discharge/changes	☐	☐	
	Changes in erections	☐	☐	
Dermatology	Rash	☐	☐	
	Hair loss	☐	☐	
Neurology	Headache	☐	☐	
	Numbness/Tingling	☐	☐	
	Weakness	☐	☐	
	Dizzy/lightheaded	☐	☐	
	Loss of balance	☐	☐	
	Recent Fall(s)	☐	☐	
Psychiatry	Depression	☐	☐	
	Anxiety	☐	☐	
	Sleep disturbance	☐	☐	
Musculoskeletal	Muscle pain	☐	☐	
	Joint swelling	☐	☐	
	Limited movement of arms/legs	☐	☐	
Hematology/ Lymphatic	Bleeding problems	☐	☐	
	Easy bruising	☐	☐	
	Swollen lymph glands	☐	☐	