

## REVIEW OF SYSTEMS

**Patient Name:**

Problems with bleeding  YES  NO

Problems with healing  YES  NO

Rash  YES  NO

Immunosuppression  YES  NO

Joint Aches  YES  NO

Depression  YES  NO

Problems with scarring  YES  NO

(hypertrophic or keloid)

Thyroid problems  YES  NO

Allergy to adhesive  YES  NO

Allergy to lidocaine  YES  NO

Blood thinners  YES  NO

Pacemaker  YES  NO

Pregnancy or planning pregnancy  YES  NO

Nonmelanoma Skin Cancer  YES  NO

Melanoma  YES  NO

M.R.S.A.  YES  NO