

# Colorado Institute for Neuromuscular and Neurological Disorders, PLLC (CINND)

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**REVIEW OF SYSTEMS: Please place a checkmark next to any of the following symptoms that you have experienced in the last month.**

### **General**

- Night Sweats
- Fevers
- Rash
- Bleeding Disorder
- Weight changes  
(circle one: loss / gain)
- HIV infection or AIDS
- Psychiatric Diseases
- Fatigue

### **Head & Neck**

- Double vision
- Blurred vision
- Ear pain
- Hearing loss
- Dizziness
- Ringing in ears
- Sinus problems
- Snoring
- Excessive sleepiness
- Facial pain
- Pain with chewing
- Lumps in the neck
- Neck pain

### **Respiratory System**

- Cough
- Regurgitation
- Shortness of breath
- Wheezing

### **Neurologic**

- Headaches
- Head injury
- Numbness (or tingling)
- Seizures
- Strokes
- Balance problems
- Weakness

### **Musculoskeletal**

- Joint pain or swelling
- Muscle pain

### **Endocrine**

- Diabetes
- Heat/cold intolerance
- Thyroid imbalance
- Menstrual disorders

### **Gastrointestinal**

- Difficulty swallowing
- Diarrhea
- Vomiting
- Constipation
- Bloody stools
- Heartburn or ulcers

### **Cardiovascular**

- Hypertension
- Palpitations
- Chest Pain
- Swelling (legs or arms)

### **Urologic**

- Difficulty on urination
- Frequent urination
- Blood in the urine
- Prostate problems

### **Other**

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Patient Name (Printed) \_\_\_\_\_

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_

Physician Signature \_\_\_\_\_

Date \_\_\_\_\_