

Review of Systems

Name: _____

DOB: _____

Do you CURRENTLY have? (IF YES, CHECK APPROPRIATE BOXES)

GENERAL

- Fatigue
- Fever
- Weight Gain >10 pounds
- Weight Loss >10 pounds

SKIN

- Nail Changes
- New Lesions
- Rash
- Skin Color Changes

HEENT

- Double Vision
- Eye Pain
- Eye Redness
- Decreased Hearing
- Earache
- Ear Ringing
- Nose Bleeds
- Dry Mouth
- Hoarseness
- Oral Ulcers
- Sore Throat

NECK

- Neck Pain
- Swollen Glands

RESPIRATORY

- Chronic Cough
- Decreased Exercise Tolerance
- Difficulty Breathing
- Coughing Up Blood
- Sputum Production

WHEEZING

- Wheezing

BREAST

- Breast Mass
- Breast Pain
- Nipple Discharge
- Skin Changes

CARDIOVASCULAR

- Chest Pain
- Leg Pains with walking
- Leg Swelling
- Night Awakening due to trouble Breathing
- Palpitations
- Shortness of Breath

GASTROINTESTINAL

- Abdominal Pain
- Change in Bowel Habits
- Constipation
- Diarrhea
- Nausea
- Vomiting
- Rectal Bleeding/Black stools
- Trouble Swallowing

GENITOURINARY

- Vaginal Discharge
- Menstrual Irregularities
- Difficulty Starting/Stopping urinary Stream
- Painful Urination
- Change in Urinary Stream
- Increased Frequency
- Blood in Urine
- Loss of Bladder Control
- Nighttime Urination
- Urinary Retention
- Urethral Discharge
- Impotence/Erectile issues
- Penile Lesions
- Testicular Mass
- Testicular Pain

MUSCULOSKELETAL

- Decreased Range of Motion
- Joint Pain
- Joint Redness
- Joint Swelling
- Joint Stiffness
- Muscle Wasting
- Muscle Weakness
- Muscle Aches/Pains

NEUROLOGICAL

- Loss of Bowel Control
- Dizziness/Vertigo
- Headaches
- Numbness/Tingling
- Passing Out
- Seizures
- Tremor

PSYCHIATRIC

- Anxiety
- Change in Sleep
- Depression
- Hallucinations
- Suicidal Thoughts

ENDOCRINE

- Appetite Changes
- Cold Intolerance
- Increased Thirst
- Increased Urination
- Hair Changes
- Sexual Dysfunction

HEMATOLOGY

- Easy Bruising
- Enlarged Lymph
- Prolonged Bleeding

Provider Review: _____

Date: _____