

REVIEW OF SYSTEMS

Name: _____

Date: _____

Please circle which symptoms apply to you or explain any that are not listed below.

Constitutional (Health in General): No problems, lack of energy, unexplained weight gain or loss, loss of appetite, fever, pain in jaws while eating, scalp tenderness, prior diagnosis of cancer, other _____

Ears, Nose, Mouth, and Throat: No problems, difficulty hearing, sinus issues, runny nose, post-nasal drip, ringing in ears, mouth sores, loose teeth, ear pain, nosebleeds, sore throat, facial pain or numbness, other _____

Cardiovascular (Heart and Blood Vessels): No problems, irregular heartbeat, racing heart, chest pain, swelling of feet or legs, pain in legs with walking, other _____

Respiratory (Lungs and Breathing): No problems, shortness of breath, night sweats, prolonged cough, wheezing, sputum production, prior tuberculosis, pleurisy, oxygen use, coughing up blood, abnormal chest x-ray, other _____

Gastrointestinal (Stomach and Intestines): No problems, heartburn, constipation, diarrhea, intolerance to foods, abdominal pain, difficulty swallowing, nausea, vomiting, blood in stools, unexplained change in bowel habits, incontinence, other _____

Genitourinary (Kidney and Bladder): No problems, painful urination, frequent urination, urgency, prostate problems, bladder problems, impotence, other _____

Musculoskeletal (Muscles, Bones, and Joints): No problems, joint pain, aching muscles, shoulder pain, swelling of joints, joint deformities, back pain, other _____

Integumentary (Skin, Hair, and Breast): No problems, persistent rash, itching, new skin lesions, change in existing skin lesion, hair loss or increase, breast changes, other _____

Neurologic (Brain and Nerves): No problems, frequent headaches, double vision, weakness, change in sensation, problems with walking or balance, dizziness, tremor, loss of consciousness, uncontrolled motions, episodes of visual loss, other _____

Psychiatric (Mood and Thinking): No problems, insomnia, irritability, depression, anxiety, recurrent bad thoughts, mood swings, hallucinations, compulsions, other _____

Endocrinologic (Glands): No problems, intolerance to heat or cold, menstrual irregularities, frequent hunger, urination or thirst, changes in sex drive, other _____

Hematologic (Blood and Lymph): No problems, easy bleeding, easy bruising, anemia, abnormal blood tests, leukemia, unexplained swollen areas, other _____

Allergic/Immunologic: No problems, seasonal allergies, hay fever, itching, frequent infections, exposure to HIV, other _____