

Date of visit: _____

Review of Systems

Patient name: _____ Date of birth: _____

Are you currently experiencing any of these conditions? Please check all that apply.

Constitutional:

- Fatigue
- Fever
- Night sweats
- Weakness
- Weight gain
- Weight loss
- Other _____

HEENT:

- Exophthalmos
- Hearing loss
- Hoarseness
- Lump in neck
- Nasal congestion
- Sinus problems
- Sore throat
- Tinnitus
- Vertigo
- Other _____

Respiratory:

- Asthma
- Cough
- Dyspnea
- Dyspnea on exertion
- Hemoptysis
- Wheezing
- Other _____

Cardiovascular:

- Arrhythmia
- Calf pain
- Chest pressure or discomfort
- Irregular heartbeat/palpitations
- Leg swelling
- Tachycardia
- Other _____

Gastrointestinal:

- Abdominal pain
- Black tarry stools
- Constipation
- Decreased appetite
- Diarrhea
- Dysphagia
- Food intolerance
- Heartburn
- Increased appetite
- Jaundice
- Nausea
- Vomiting
- Other _____

Genitourinary:

- Dysuria
- Genital lesions
- Hematuria
- Irregular menses
- Urethral discharge
- Urgency
- Other _____

Metabolic/Endocrine:

- Cold intolerance
- Heat intolerance
- Polydipsia
- Polyphagia
- Polyuria
- Other _____

Neurological:

- Balance disturbances
- Dizziness
- Focal weakness
- Gait disturbance
- Headache
- Memory difficulty
- Numbness of extremities
- Other _____

Psychiatric:

- Depressed mood
- Emotional changes
- Euphoria
- Frequent nightmares
- Hallucinations
- Insomnia
- Irritability
- Nervousness
- Stress
- Other _____

Integumentary:

- Abnormal hair distribution
- Dry skin
- Hives
- Itching skin
- Nail changes
- Rash
- Skin changes
- Skin lesion
- Skin nodules
- Skin sores
- Ulcer
- Other _____

Musculoskeletal:

- Arthralgias
- Back pain
- Fracture
- Joint stiffness
- Joint swelling
- Muscle cramping
- Muscle weakness
- Other _____

Hematologic/Lymphatic:

- Bleeding
- Bruising
- Lymphadenopathy
- Tender lymph nodes
- Other _____

Immunologic:

- Environmental allergies
- Food allergies
- Seasonal allergies
- Other _____

If none of these symptoms apply check here: N/A _____