

REVIEW OF SYSTEMS

Circle any item that relates to your current state of health: (Leaving an item unmarked indicates a **NEGATIVE** response)

GENERAL HEALTH

Chills
Fatigue
Fever
Malaise
Night sweats
Weight gain
Weight loss
Other:
Exercise intolerance
Change in appetite
Irritability

HEENT

Ear drainage
Ear pain
Eye discharge
Eye pain
Hearing loss
Nasal drainage
Sinus pressure
Sore throat
Visual changes
Other:
Difficulty Swallowing
Double vision
Jaw pain
Mouth ulcers
Ringing in ears
Sensitivity to light
Snoring
Tooth pain

RESPIRATORY

Chronic cough
Cough
Known TB exposure
Shortness of breath
Wheezing
Other:
Apnea
Asthma
Coughing blood
Painful respirations
Respiratory infections
Trouble breathing

CARDIOVASCULAR

Chest pain
Leg pain w/ walking
Edema
Palpitations
Other:
Irregular heart beat
Loss of consciousness
Tingling in extremity

GASTROINTESTINAL

Abdominal pain
Blood in stools
Change in stool
Constipation
Diarrhea
Heartburn
Loss of appetite
Nausea
Vomiting
Other:
Acid reflux
Fecal incontinence
Hemorrhoids
Rectal bleeding

GENITOURINARY

Dribbling
Painful urination
Blood in urine
Excessive urination
Slow stream
Urinary frequency
Urinary incontinence
Urinary retention
Other:
Flank pain
Foul urine odor
Kidney stones
Recurrent UTI

REPRODUCTIVE

(Males only)
Erectile dysfunction
Penile discharge
Sexual dysfunction
Other:
Circumcised
Genital lesions
Blood in semen
Infertility
Painful ejaculation
Testicular mass
Testicular pain

REPRODUCTIVE

(Females only)
Abnormal pap
Breast discharge
Breast lump
Painful menstruation
Painful intercourse
Hot flashes
Irregular menses
Vaginal discharge
Other:
Fibroids
Genital lesions
Infertility
Ovarian cysts
Vaginal dryness
Vaginal itching

METABOLIC/

ENDOCRINE
Brittle hair
Brittle nails
Cold intolerance
Hair changes
Heat intolerance
Abnormal hair growth
Excessive thirst
Excessive hunger
Other:
Excessive perspiration
Growth delay

NEUROLOGICAL

Dizziness
Extremity numbness
Extremity weakness
Gait disturbance
Headache
Memory loss
Seizures
Tremors
Other:
Altered mental status
Confusion/disorientation
Facial droop
Focal weakness
Frequent falls
Speech changes
Trouble speaking

PSYCHIATRIC

Anxiety
Depression
Insomnia
Other:
Behavior changes
Difficulty concentrating
Difficulty sleeping
Excessive stress
Problems coping
Suicidal thoughts

INTEGUMENTARY

Contact allergy
Hives
Itching
Mole changes
Rash
Skin lesion
Other:
Acne
Eczema
Skin infection

MUSCULOSKELETAL

Back pain
Joint pain
Joint swelling
Muscle weakness
Neck pain
Other:
Arthritis
Osteoporosis

HEMATOLOGIC/

LYMPHATIC
Easy bleeding
Easy bruising
Swollen lymph nodes

IMMUNOLOGIC

Environmental allergies
Food allergies
Seasonal allergies