# <u>Review of Systems</u>

Name:

DOB:

#### **CHECK ALL THAT APPLY**

### **Constitutional:**

- $\bigcirc$  Chronic pain
- $\bigcirc$  Loss of appetite
- O Unexplained weight loss
- $\bigcirc$  Weight gain
- Fatigue/Lethargy
- Unexplained fever
- Hot or Cold spells
- Night sweats
- Sleeping pattern disruption
- Malaise (Flu-like or Vague sick feeling)
- $\bigcirc$  Other:
- $\bigcirc$  None of the above

#### Eves:

- $\bigcirc$  Eye pain
- Eye discharge
- $\bigcirc$  Eye redness
- O Blurred or double vision
- Vision change
- History of eye surgery
- Sensitivity to light
- $\bigcirc$  Amaurosis fugax
  - (Feeling like a curtain is pulled over vision)
- $\bigcirc$  Other:
- $\bigcirc$  None of the above

#### *Ears/Nose/Mouth/Throat:*

- $\bigcirc$  Earache
- O Tinnitus (Ringing in ears)
- Decreased hearing or hearing loss
- Frequent nose bleeds
- O Sinus Congestion
- O Runny nose/Post-nasal drip
- Difficulty swallowing
- $\bigcirc$  Frequent sore throat
- O Prolonged hoarseness
- Pain in jaw or tooth
- $\bigcirc$  Dry mouth
- $\bigcirc$  Other:
- $\bigcirc$  None of the above

O Palpitations (fast or irregular heartbeat)  $\bigcirc$  Swollen feet or hands

 $\bigcirc$  Chest pain

 $\bigcirc$  Pacemaker

- Fainting spells
- Shortness of breath with exercise
- $\bigcirc$  Other:
- $\bigcirc$  None of the above

#### <u>Gastrointestinal:</u>

- 🔿 Diarrhea
- $\bigcirc$  Constipation
- O Persistent nausea/vomiting
- Abdominal pain
- ⊖ Heartburn
- O Difficulty swallowing solids or liquids
- Recent loss in appetite
- Sensitivity to milk products
- $\bigcirc$  Jaundice (yellow skin)
- Change in appearance of stool
- Blood in stool
- Dark/Tarry stool
- Loss of bowel control/soiling
- $\bigcirc$  Other:
- $\bigcirc$  None of the above

#### **<u>Respiratory:</u>**

- Chronic cough
- Chronic shortness of breath
- Chronic wheezing /Asthma
  - Nocturnal Dyspnea (Shortness of breath
- $\bigcirc$  at night)
- Other:
- $\bigcirc$  None of the above

#### <u>Allergy/Immunologic:</u>

- $\bigcirc$  Frequent infections
- $\bigcirc$  Hives
- Anaphylaxic reaction
- Other:
- $\bigcirc$  None of the above

- Cardiovascular:

# <u>Review of Systems</u>

## **Genitourinary:** ○ Loss of urine control (including bed-wetting) O Painful/Burning urination ○ Blood in urine Increased frequency of urination ○ Up more than twice/night to urinate $\bigcirc$ Urine retention $\bigcirc$ Other: $\bigcirc$ None of the above **Genitourinary (Women)** Unusual vaginal discharge ○ Vaginal pain, bleeding, soreness, or dryness ○ Genital sores O Heavy or irregular periods ○ No menses (Periods stopped) O Currently pregnant ○ Sterility/Infertility O Any other sexual or sex organ concerns $\bigcirc$ Other: $\bigcirc$ None of the above **Genitourinary (Men)** ○ Slow urine stream ○ Scrotal pain ○ Lump or mass in the testicles ○ Abnormal penis discharge ○ Trouble getting/maintaining erections ○ Inability to ejaculate/orgasm ○ Any other sexual or sex organ concerns $\bigcirc$ Other: $\bigcirc$ None of the above Musculoskeletal: Redness of joints O Other joint pains or stiffness Muscle pain or cramping O Muscle weakness $\bigcirc$ Muscle stiffness O Back pain or stiffness ○ History of fractures O Past injury to spine or joints $\bigcirc$ Other:

 $\bigcirc$  None of the above

### Skin:

- Unusual mole/Lesions
- Easy bruising
- $\bigcirc$  Rashes
- Chronic dry skin
- $\bigcirc$  Itchy skin or scalp
- $\bigcirc$  Hair loss
- Breast discharge
- Breast lump or mass
- $\bigcirc$  Excessive sweating
  - $\bigcirc$  Other:
  - $\bigcirc$  None of the above

# Hematologic/Lymphatic:

- O Blood clots
- Excess/easy bleeding
- History of blood transfusion
- Excessive bruising
- Swollen glands (neck, armpits, groin)
- $\bigcirc$  Other:
- $\bigcirc$  None of the above

## **Endocrine:**

- Severe menopausal symptoms
- $\bigcirc$  Cold or heat intolerance
- Excessive appetite
- O Excessive thirst or urination
- $\bigcirc$  Other:
- $\bigcirc$  None of the above

# <u>Neurological:</u>

- $\bigcirc$  Paralysis
- Fainting spells or blackouts
- Dizziness/Vertigo
- Drowsiness
- Slurred speech
- Speech problems (other)
- $\bigcirc$  Short term memory trouble
- O Memory difficulties (loss)
- Frequent headaches
- O Muscle weakness
- Numbness/Tingling sensations
- O Neuropathy (numbress in feet)
- Tremor in hands/shaking
- $\bigcirc$  Muscle spasms or tremors
- Other: