

Patient Name: _____ Date: _____

REVIEW OF SYSTEMS: Please mark current problems in each body system.

Constitutional:

- _____ Fever
- _____ Weight gain
- _____ Weight loss
- _____ Appetite change
- _____ Night sweats
- _____ Fatigue
- _____ Chills

Skin:

- _____ Rash
- _____ Lumps
- _____ Itching
- _____ Dryness
- _____ Color changes
- _____ Hair changes
- _____ Nail changes

Eyes:

- _____ Blurry
- _____ Double Vision
- _____ Vision Loss
- _____ Tearing
- _____ Redness
- _____ Pain
- _____ Sensitivity to light

Ears, Nose, Mouth, Throat:

- _____ Hearing loss
- _____ Ringing in ears
- _____ Ear pain
- _____ Nasal congestion
- _____ Nasal drainage
- _____ Nosebleeds
- _____ Mouth-throat irritation
- _____ Tooth problem

Cardiovascular:

- _____ Chest pain
- _____ Heart racing
- _____ Palpitations
- _____ Sweating
- _____ Leg swelling
- _____ High blood pressure
- _____ Low blood pressure

Pulmonary:

- _____ Cough yellow or green sputum
- _____ Blood in sputum
- _____ Shortness of breath
- _____ Wheezing

Gastrointestinal:

- _____ Nausea
- _____ Vomiting
- _____ Diarrhea
- _____ Constipation
- _____ Pain
- _____ Blood in stool
- _____ Blood in vomitus
- _____ Heartburn
- _____ Difficulty swallowing

Genitourinary:

- _____ Incontinence
- _____ Abnormal bleeding
- _____ Abdominal discharge
- _____ Urinary frequency
- _____ Urinary hesitancy
- _____ Pain with urination
- _____ Impotence
- _____ Sexual problem
- _____ Infection
- _____ Urinary retention

Musculoskeletal:

- _____ Pain/stiffness
- _____ Joint redness or warmth
- _____ Arthritis
- _____ Back pain
- _____ Weakness
- _____ Muscle wasting
- _____ Sprain
- _____ Fracture

Neurological:

- _____ Headache
- _____ Weakness
- _____ Dizziness
- _____ Change in vision
- _____ Change in hearing
- _____ Loss of sensation
- _____ Trouble walking
- _____ Balance problem
- _____ Coordination problem
- _____ Shaking
- _____ Speech problem

Endocrine:

- _____ Cold and heat intolerance
- _____ Blood sugar problem
- _____ Weight gain
- _____ Weight loss
- _____ Missed periods
- _____ Hot flashes- sweats
- _____ Change in body hair
- _____ Change in libido
- _____ Increased thirst
- _____ Increased urination

Hemological/Lymphatic:

- _____ Swelling
- _____ Bleeding problem
- _____ Anemia
- _____ Bruising
- _____ Enlarged lymph nodes

Allergic/Immunologic:

- _____ Itching
- _____ Post nasal drip
- _____ Watery or itchy eyes
- _____ Nasal drainage
- _____ Immunosuppression