

REVIEW OF SYSTEMS

Name: _____ Date: _____

If you are not having any difficulties, please check "No Problems." If you are experiencing any of the symptoms listed, PLEASE CIRCLE THE ONES THAT APPLY.

Constitutional (Health in General) No Problems

Lack of energy, fatigue, unexplained weight gain or loss, loss of appetite, night sweats, pain in jaws when eating, fever, scalp tenderness, cancer.

Other: _____

Eyes, Ears, Nose, Mouth & Throat No Problems

Vision change or loss, glasses or contacts, eye pain, inflamed eyes, blurry or double vision, glaucoma, cataracts, flashing lights or floaters, watery eyes, discharge, dry eyes, difficulty hearing, ringing in ears, ear pain, ear drainage, loss of smell, sinus problems, runny nose, congestion, post-nasal drip, nosebleeds, sore gums / tongue / throat, mouth sores, loose teeth, hoarseness, swollen glands, facial pain or numbness.

Other: _____

Cardiovascular (Heart & Blood Vessels) No Problems

Irregular heartbeat, palpitations, racing heart, chest tightness or pain, high or low blood pressure, vein trouble, swelling of feet or legs, pain in lower legs w/ walking, leg cramping, cold extremities.

Other: _____

Respiratory (Lungs & Breathing) No Problems

Shortness of breath with activity, prolonged cough, wheezing, asthma, sputum production, pneumonia, coughing up blood, pain w/ breathing, difficulty breathing when lying down, apnea, abnormal chest x-ray.

Other: _____

Gastrointestinal (Stomach & Intestines) No Problems

Appetite changes, heartburn, constipation, intolerance to certain foods, diarrhea, abdominal pain, difficulty swallowing, nausea, vomiting, blood in stools, excess gas, hemorrhoids, incontinence.

Other: _____

Genitourinary (Kidney & Bladder) No Problems

Pain or burning w/ urination, frequency, urgency, flow problems, blood in urine, incontinence, prostate problems, pain w/ sex, impotence.

Other: _____

Musculoskeletal (Muscles, Bones, Joints) No Problems

Joint pain, swelling or redness in joints, stiffness, joint deformities, muscle aching, muscle cramping, muscle weakness, shoulder pain, back pain, neck pain, trauma or injury.

Other: _____

Integumentary (Skin, Hair & Breast) No Problems

Rash, itching, new or change in skin lesion, change in fingernails, change in hair, lumps, breast changes.

Other: _____

Neurological (Brain & Nerves) No Problems

Frequent headaches, dizziness, weakness, numbness or tingling, change in sensation, problems w/ walking or balance, tremor, loss of consciousness, uncontrolled motions, seizures, fainting, memory loss, tics, restless in legs at night.

Other: _____

Endocrinological (Glands) No Problems

Intolerance to heat or cold, thyroid trouble, diabetes, menstrual irregularities, hot flashes, night sweats, excessive sweating, frequent hunger or thirst, frequent urination, changes in appetite, changes in sex drive.

Other: _____

Hematological (Blood/Lymph) No Problems

Easy bleeding, easy bruising, anemia, abnormal blood tests, unexplained swollen areas.

Other: _____

Allergy/Immunological No Problems

Seasonal allergies, hay fever, itching, frequent colds or infections, autoimmune disorder, exposure to HIV.

Other: _____