

Review of Systems

Name _____ Date: _____

Sex: M / F

1. General

- No problems
- Fever or chills
- Unexplained hair loss

2. Eyes

- No problems
- Eye pain
- Blurred vision
- Loss of vision

3. Ears/Nose/Mouth/Throat

- No problems
- Dizziness
- Dental problems
- Swollen glands in neck
- Sore throat/pain with swallowing
- Mouth sores

4. Cardiovascular

- No problems
- Chest pain (sharp/crushing/heaviness)
- Heart racing (palpitations)
- Sudden shortness of breath at night or when lying down
- Leg pain in calf or thigh
- Aching/burning in legs
- Fainting spells
- Swelling of legs (edema)

5. Respiratory

- No problems
- Shortness of breath
- Night sweats
- Cough/coughing up blood

6. Genitourinary

- No problems
- Pain when urinating
- Urinating more frequent than usual
- Pain during sex
- Blood in urine
- Bladder infection/other infections
- Change in sex drive (libido)

7. Women

- Irregular periods
- 3 or more yeast infections in a year

8. Gastrointestinal

- No problems
- Decreased appetite
- Nausea/vomiting
- Constipation
- Increased appetite
- Stomach pain
- Diarrhea

9. Musculoskeletal

- Joint pain
- Numbness, tingling in arms, legs, face
- Pain in legs, arms, back or neck
- Limited motion of arms, legs, back or neck
- Swelling/redness, if so where _____

10. Neurological

- No problems
- New headaches
- Headaches with vision changes
- Arm/leg weakness
- Repeated bad headaches
- Problems with memory or speech

11. Endocrine

- No problems
- Thirsty all day
- Increased facial hair (females only)
- Weight gain/loss
- Intolerant to temperature changes

12. Lymph

- No problems
- Swollen glands (armpit, groin, neck)

13. Skin

- No problems
- Changes in skin
- Rash (palm of hands, sole of feet)
- Sores or rash on skin

14. Allergies

- No problems
- Hives/skin rashes
- Allergic reaction to drugs
- Allergic reaction to foods

15. Other _____
