

Review of Systems

Patient Name:	DOB:
Please check only the symptoms you are experiencing to	day:
Allergy / Immunologic: □ Allergies □ Hepatitis □ HIV / AIDS □ Immunocompromised	Neurological: □ Change in speech □ Confusion □ Fainting □ Frequent headaches □ Headaches / Migraines
Endocrine: □Excessive thirst / urination □Heat / cold intolerance □Hormone problems	□ Light headed / dizzy □ Numbness □ Paralysis □ Problem with balance □ Seizures
Musculoskeletal: Back pain Calcium problems Change in ring size or shoe size Joint pain / swelling Muscle joint weakness Problems with feet Thin bones	Constitutional: □ Change in appetite □ Change in energy □ Fatigue □ Fever □ Insomnia □ Recent weight change □ Stress
Cardiovascular: Chest Pain Cold extremities Irregular / fast heartbeat Numbness / weakness arms / legs Pain when walking Swelling of feet / ankles Varicose veins / phlebitis	Gastrointestinal: □ Abdominal pain □ Bloody stool □ Change in bowel □ Constipation □ Diarrhea □ Loss of appetite □ Nausea / vomiting
Eyes: □ Change in vision □ Double vision □ Eye / vision problems □ Spots before eyes □ Wear glasses / contacts	Psychiatric: □ Anxiety □ Crying, frequent □ Memory loss / confusion □ Nervousness / depression

Derm / Breast / Integumentary □ Breast feeding □ Breast lump □ Breast pain □ Change in skin / hair / nails □ Hair loss □ Lesions □ Nipple discharge / bleeding	Ears / Nose / Mouth / Throat: □ Choking when swallowing □ Congestion □ Dental problems □ Earaches □ Frequent colds □ Food getting stuck in throat □ Hearing loss / ringing
□ Open skin sores □ Rash / dry skin / itching □ Sensitivity to light □ Ulcerations □ Yellow / jaundice	☐ Hoarse voice☐ Mouth sores☐ Nose bleeds☐ Sinus problems
Genitourinary: □ Abnormal periods □ Bladder control problems □ Blood in urine □ Change in force of stream □ Frequent urination □ Incomplete emptying □ Kidney stones	Hematological / Lymphatic: □Anemia □Bleeding / bruising □Enlarged lymph nodes □History of blood transfusions □Slow to heal after cuts □Swollen or painful glands
□ Painful / burning urination □ Painful intercourse □ Pelvic pain □ Sexually Transmitted Infections (STI) □ Stress incontinence □ Testicular / prostate pain □ Unable to keep erection □ Vaginal discharge	Respiratory: Asthma / wheezing Bronchitis / pneumonia Cough Difficult breathing on exertion Painful breathing Shortness of breath Spitting up blood
Provider Acknowledgement:	
Provider Name:	Date: