

Thank you for filling out this **REVIEW OF SYSTEMS**, which assists your provider in providing comprehensive care.

Constitutional Systems	YES	NO
Good general health lately		
Recent weight change		
Fever		

Eyes		
Eye disease or injury		
Blurred or double vision		

Ears / Nose / Mouth / Throat		
Hearing loss or ringing		
Earaches or drainage		
Chronic sinus problem/ runny nose		
Nose bleeds		
Mouth sores		
Sore throat or voice change		
Swollen glands in neck		

Cardiovascular		
Chest pain or angina pectoris		
Palpitations		
Shortness of breath with walking or Lying flat		
Swelling of feet, ankles, or hands		

Respiratory		
Chronic or frequent cough		
Spitting up blood		
Shortness of Breath		

Gastrointestinal		
Loss of appetite		
Change in bowel movements		
Nausea or vomiting		
Frequent diarrhea		
Painful bowel movements or constipation		
Rectal bleeding or blood in stool		
Abdominal pain or heartburn		
Black or tarry stools		

Genitourinary		
Frequent urination		
Burning or painful urination		
Blood in urine		
Change in force of strain when urinating		
Incontinence or dribbling		
Sexual difficulty		
Male-testicle pain		
Female – pain with periods		
Female – Irregular periods		
Female – vaginal discharge		
Date of your last period:		

Musculoskeletal	YES	NO
Joint pain		
Joint stiffness or swelling		
Weakness of muscles or joints		
Muscle pain or cramps		
Back pain		
Cold extremities		
Difficulty in walking		

Integumentary (skin, breast)		
Rash or itching		
Change in skin color		
Change in hair or nails		
Breast pain, lump, discharge		

Neurological		
Frequent or recurring headaches		
Light headed or dizzy		
Convulsions or seizures		
Numbness or tingling sensations		
Tremors		
Paralysis		

Psychiatric		
Memory loss or confusion		
Nervousness		
Depression		
Insomnia		

Hematologic / Lymphatic		
Bleeding or bruising tendency		
Phlebitis		

Endocrine		
Excessive thirst or urination		
Heat or cold intolerance		
Skin becoming dryer		
Change in hat or glove size		

Additional
Comments _____

THANK YOU!