REVIEW OF SYSTEMS
PATIENT NAME:_____ DATE:_ _____
Please review the following list, and check any of those problems, which have significantly affected you.
Constitutional: □fever □chills □night sweats □weakness □loss of appetite □weight loss

_____
Eye: □vision loss □vision change □cataracts □glaucoma □double vision □ eye pain □ seeing flashes of light

_____
ENT: □hoarseness □difficulty swallowing □hearing loss □ringing in your ears □nose bleeds □toothache □ear pain

_____
Cardiovascular: □chest pain □shortness of breath □ heart palpitations □passing out
□shortness of breath with exertion □difficulty breathing lying flat □waking up at night short of breath
□swelling □dizziness

_____
Respiratory: □cough □shortness of breath □coughing up blood □wheezing □snoring □sleep apnea

_____
Gastrointestinal: □nausea □vomiting □constipation □hiatal hernia □blood in stools □diarrhea
□indigestion/reflux □abdominal pain □ no appetite

Genitourinary: □difficult/painful urination □blood in urine □flank pain □ frequent urination □uterine contractions □vaginal bleeding, □leaking fluid from your vagina

_____
Musculoskeletal: □muscle cramps □joint pain □arthritis □ joint swelling □ decreased range of motion

_____
Skin: □rashes □skin growths □Itching □red dots on skin □yellowing of the skin □ eczema □ psoriasis

_____
Neurological: □fainting □headaches □memory loss □seizures □stroke □paralysis □numbness □poor balance □dizziness □pins and needles

_____
Psychiatric: □depression □anxiety □panic attacks □mania □insomnia □thoughts of harming myself or someone else

_____
Endocrine: □diabetes □thyroid problems □weight loss despite increased appetite □ heat intolerance, □ cold intolerance □tremor □ constipation □ dry skin □ increased appetite

_____
Hematology/Lymphatic: □anemia □blood disorder □easy bruising
□excessive bleeding after tooth extraction □ family history of hemophilia □ family history of thrombophilia □ history of blood clots □ use of anticoagulant drugs

_____
Allergic/Immunologic: □food/insect/seasonal allergies □difficulty breathing due to allergic reaction
□passing out due to allergic reaction □ swollen or painful lymph nodes

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