



Review of Systems

Please check the appropriate boxes that match your symptoms for today's visit.

CONSTITUTIONAL SYMPTOMS

- Good General Health
- Recent Weight Gain
- Weight Loss Greater than 5 pounds
- Headaches
- Fainting spells or dizziness

EYES

- Dry eyes
- Eye disease or injury
- Glasses or contact lenses
- Blurred or double vision
- Glaucoma
- Eye pain
- Eye drainage

EARS, NOSE, MOUTH, THROAT

- Hearing loss or ringing
- Earaches or drainage
- Chronic sinus problems or rhinitis
- Nose bleeds
- Mouth sores
- Bleeding gums
- Bad breath or bad taste
- Sore throat or voice change
- Swollen glands in neck
- Loss of smell

CARDIOVASCULAR

- Heart trouble
- Chest pain or angina pectoris
- Palpitations
- Shortness of breath with walking or lying flat
- Swelling of feet, ankles or hands

RESPIRATORY

- Chronic or frequent coughs
- Spitting up blood
- Shortness of breath
- Asthma or wheezing
- Spitting of phlegm
- Hayfever

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
- Peptic ulcer (stomach or duodenal)
- Difficulty swallowing
- Belching
- Hemorrhoids
- Jaundice

GENITOURINARY

- Frequent urination
- Burning or painful urination
- Blood in urine
- Change in force or strain when urinating
- Incontinence or dribbling
- Kidney stones
- Sexual difficulty
- Leakage of urine
- Frequent urination at night
- Increased thirst

GYNECOLOGIC (Females)

- Bleeding or spotting between periods
- Heavy periods
- Pain/cramps with periods
- Pain with intercourse
- Birth control pills
- Pregnant
- Last Menstrual Period _____
- Menopausal

MALE REPRODUCTIVE (Males)

- Penile Discharge
- Testicle lumps
- Erectile dysfunction

MUSCULOSKELETAL

- Joint pain
- Weakness of muscles or joints
- Muscle pain or cramps
- Back pain
- Cold extremities
- Difficulty in walking

SKIN

- Rash or itching
- Change in skin color
- Change in hair
- Change in nails
- Varicose veins
- Breast pain
- Breast lump
- Breast discharge

NEUROLOGICAL

- Frequent or recurring headaches
- Light headed or dizziness
- Concussions or seizures
- Numbness or tingling sensations
- Tremors
- Paralysis
- Stroke

PSYCHIATRIC

- Memory loss or confusion
- Nervousness
- Depression
- Insomnia
- Anxiety
- Panic Attacks

ENDOCRINE

- Glandular or hormone problems
- Thyroid disease
- Excessive thirst or urination
- Heat or cold intolerance
- Skin becoming dryer
- Change in hat or glove size
- Night sweats

HEMATOLOGIC/LYMPHATIC

- Problems with healing after cuts
- Bleeding or bruising tendency
- Phlebitis
- Enlarged glands

OTHER

- _____
- _____
- _____
- _____

Please list problems you wish to address with the doctor on today's visit.

- | |
|----|
| 1. |
| 2. |
| 3. |

I affirm that the information I have given is correct to the best of my knowledge. It will be held in strictest confidence, and it is my responsibility to inform this office of any change in my medical status.

Signature _____ Date _____

Reviewed with patient _____ Date: _____