

Review of Systems

Pt. Name _____

Have you recently noticed any of the following:

Change in Appetite

Change in Weight

Night Sweats

Fatigue

Constitutional Symptoms:

Difficulty Sleeping

Feel hotter than everyone

Feel colder than everyone

Skin Conditions:

Sores that don't heal

Foot ulcers

Dry skin

Hair changes

Allergies - Do you have:

Seasonal allergies

Hives

Ears/Nose/Mouth Throat: Have you recently had:

Pain in the front of your neck

Neck lumps or goiter

Difficulty Swallowing

Change in Hearing

Voice Changes

Eyes/Head: Have you recently had:

Loss of Vision

Blurry Vision

Eye burning/watering

Respiratory: Do you have:

Shortness of breath

Frequent coughs

Wheezing

Cardiovascular: Do you have:

Chest Pain

Palpitations/Heart racing

Swollen ankles

Gastrointestinal: Do you have:

Heartburn

Nausea

Abdominal pain

Diarrhea

Constipation

Urinary: Do you have:

Blood in urine

Frequent urination at night

Problems with libido/sex drive

Men - problems with erections

Endocrine: Do you have:

Breast discharge

Women - irregular periods

Women - difficulty getting pregnant

Musculoskeletal: Do you have:

Back Pain

Pain in joints

Muscle cramps

Bony pain

Neurological: Do you feel:

Shakiness

Tingling/burning of feet or hands

Numbness of feet or hands

Episodes of facial numbness or difficulty speaking

Headaches

Psychological: Do you feel:

Anxiety

Mood swings worse than usual

Depressed

Heme/Lymphatic: Do you:

Bruise Easily

Have swollen glands

Bleed a lot

Do you have any other signs, symptoms or problems other than above? If yes, please explain