

Review of Systems

Name: _____ Birthdate: _____ Today's Date: _____

Please check No/Yes as related to your current issues

Constitutional Symptoms	NO	YES
fevers or chills		
night sweats		
unintentional weight loss		
unintentional weight gain		
fatigue		

Skin	NO	YES
new or changing moles		
change in other skin lesion(s)		
rash(es)		
skin itching		
skin or lip dryness		
sun sensitivity		
hair changes		
nail changes		
problems with healing		
problems with scarring (hypertrophic or keloid)		

Eyes	NO	YES
loss of vision		
blurred or distorted vision		
vision haloes		
decreased night vision		
eye pain or soreness		
dry eyes		

Ears, Nose, Throat & Mouth	NO	YES
dizziness		
ringing in ears		
loss of hearing		
sinus congestion		
runny nose/post nasal drip		
nose bleeds		
sore throat		
hoarseness or throat/mouth dryness		
dental health problems		

Cardiovascular	NO	YES
chest pain		
heart palpitations (irregular beating or skips a beat)		
other cardiovascular		

Respiratory	NO	YES
shortness of breath		
cough		
wheezing		
other respiratory		

Other symptoms: _____

Gastrointestinal (GI)	NO	YES
difficulty swallowing		
heartburn		
nausea and/or vomiting		
constipation and/or diarrhea		
bloody stool		
abdominal pain		

Genitourinary (GU)	NO	YES
urinary frequency		
pain with urination		
blood in urine		
Males only:		
penile discharge		
Females only:		
breast mass(es) or discharge		
vaginal bleeding or discharge		
pelvic pain		
irregular menstruation		

Musculoskeletal	NO	YES
joint pain, swelling, redness		
muscle aches, pain or cramps		
muscle weakness		
neck stiffness		

Endocrine	NO	YES
heat or cold intolerance		
excessive thirst or hunger		
other thyroid problems		

Hematological/Lymphatic/Immunology	NO	YES
problems with bruising		
problems with bleeding		
swollen lymph nodes		

Neurological	NO	YES
headaches, including migraines		
numbness or tingling		
slurred speech		
weakness or paralysis		
fainting or blackouts		
seizures		

Psychiatric	NO	YES
anxiety		
depression		
mood swings/change in mood		
suicidal or homicidal thoughts or acts		
other psychiatric		