



Review of Systems

Patient Name:

DOB:

Date:

General

- Headache
- Lethargy/Weakness
- Chills/Night Sweats
- Fainting
- spells/unconscious
- Weight loss
- Dizziness

Eyes

- Eyesight worsening
- Double vision
- Eye pain

ENT

- Deafness
- Noise in ears
- Congestions/sneezing
- Sinus trouble/hay fever
- Nose bleeds
- Sore throat or tongue
- Hoarse voice
- Dental problem

Heart

- Chest pain with exertion
- Heart attack
- Heart murmur
- Heart racing/palpitations

- Irregular heart beat
- Swollen feet/ankles

Lung

- Shortness of Breath
- Chest pain
- Coughing up phlegm
- Coughing up blood
- Wheezing/cough

Stomach

- Trouble swallowing
- Heartburn/ indigestion
- Change in bowel habits
- Loose stool/diarrhea
- Black/bloody stools

- Vomiting blood

- Constipation

- Irritable bowel

- Ulcers

Kidney/Prostate

- Frequent voiding
- Burring on urination
- Pus/blood in urine
- Trouble urinating
- Sexual difficulty

Skin

- Rashes
- Sores

- Dry/oil skin

- Hair growth/loss

Muscle/bone

- Back pain
- Neck pain
- Back surgery
- Arthritis
- Aching muscles/joints
- Bone/joint injury

Hematologic

- Blood disease
- Enlarged glands
- Bleed/bruise easily
- Anemia/low blood

Neurological

- Memory loss
- Confusion
- Trouble speaking
- Trouble swallowing
- Unsteady gait
- Trouble walking
- Arm/leg weakness
- Arm/leg tingling
- Arm/leg numbness
- Endocrine**
- Unwanted weight change
- Change in skin

- Breast discharge

- Excessive thirst

- Excessive tiredness

Activity

- Occasional vigorous activity

- Regular vigorous exercise

Menstrual

Last menstrual

period: _____

Menstrual

problems: _____

Number of

pregnancies: _____

Difficult

pregnancy: _____

Miscarriages: _____

Birth control method:

Hysterectomy: _____

Men

- Prostate problems

- Erectile Problem

- Vasectomy

- Hormone Irregularities