Name: Review of Systems

Please circle any symptoms you are having so the doctor may review with you during your examination

Constitutional Symptoms:
NONE / fever / chills / weight loss / night sweats / fatigue / poor appetite

Sleep:
NONE / snoring / gasping / insomnia / restless legs / difficulty sleeping

Ears
NONE / hearing loss / ringing / ear pain

Eyes
NONE / change in vision / blurry vision / double vision / eye pain

Nose, Mouth and Throat:
NONE / change in sense of smell / runny nose / nose bleeding / sores in the mouth / sore throat / difficulty or pain swallowing

Cardiovascular:
NONE / chest pain / palpitations / swollen legs / fainting / shortness of breath

Respiratory:
NONE / cough / coughing up blood / coughing up phlegm / wheezing

Gastrointestinal:
NONE / abdominal pain / nausea / vomiting / diarrhea / constipation / heartburn

Musculoskeletal:
NONE / muscle pain / bone pain / joint pain / swollen or red joints / broken bones

Genitourinary:
NONE / difficulty urinating / vaginal or penile discharge / kidney stones

Skin:
NONE / rash / ulcers that will not heal / moles that are changing

Endocrine:
NONE / heat or cold intolerance / frequent urination / unusually thirsty / high or low blood sugar

Neurological:
NONE / headache / weakness / seizure / dizziness / tremor / TIA's / Stroke

Lymph and Heme:
NONE / easy bleeding / swollen lymph nodes

Psychiatric:
NONE / Depression / anxiety / hallucinations