12-Point Review of Systems

Item	Present	Absent
Constitutional Symptoms		
Fever	☑	☐
Fatigue	☑	☐
Weight loss or gain	☐	☑
Night sweats	☐	☑
Chills	☐	☑
Head, Eyes, Ears, Nose, and Throat (HEENT)		
Headaches	☑	☐
Dizziness	☑	☐
Vision changes	☐	☑
Hearing changes	☐	☑
Sinus problems	☐	☑
Sore throat	☐	☑

Item	Present	Absent
Respiratory		
Cough	☐	☑
Shortness of breath	☐	☑
Wheezing	☐	☑
Chest pain	☐	☑
Sputum production	☐	☑
Cardiovascular		
Chest pain	☐	☑
Palpitations	☐	☑
Edema (swelling)	☐	☑
Leg pain with walking	☐	☑
Difficulty breathing while lying down	☐	☑
Gastrointestinal		
Abdominal pain	☐	☑
Nausea or vomiting	☐	☑

Item	Present	Absent
Diarrhea	☐	☑
Constipation	☐	☑
Changes in appetite	☐	☑
Genitourinary		
Urinary frequency or urgency	☐	☑
Difficulty urinating	☐	☑
Painful urination	☐	☑
Blood in urine	☐	☑
Changes in menstrual cycle (women)	☐	☑
Musculoskeletal		
Joint pain	☐	☑
Stiffness	☐	☑
Weakness	☐	☑
Numbness or tingling	☐	☑
Limited range of motion	☐	☑

Item	Present	Absent
Neurological		
Headaches	☑	☐
Dizziness	☑	☐
Weakness	☑	☐
Numbness or tingling	☐	☑
Difficulty with coordination or balance	☐	☑
Psychiatric		
Mood changes	☑	☐
Anxiety	☑	☐
Depression	☐	☑
Difficulty sleeping	☑	☐
Changes in appetite or energy level	☑	☐
Integumentary		
Skin rash	☐	☑
Itching	☐	☑

Item	Present	Absent
Changes in skin color	☐	☑
Hair loss	☐	☑
Wounds or sores	☐	☑
Endocrine		
Frequent thirst or urination	☐	☑
Excessive hunger or fatigue	☐	☑
Unexplained weight loss or gain	☐	☑
Changes in mood or behavior	☑	☐
Difficulty tolerating heat or cold	☐	☑
Allergic or Immunologic		
Allergies to food, medications, or environmental factors	☐	☑
History of recurrent infections	☐	☑
Fatigue or weakness	☐	☑
Skin rashes or hives	☐	☑
Swollen lymph nodes	☐	☑