

14-Point Review of Systems

Patient Information

Name:

Date of Birth:

Date of Assessment:

Reason for Visit:

General

Any recent weight loss/gain:

Fatigue:

Fever or chills:

Skin

Rashes:

Lumps:

Itching:

Dryness:

Changes in moles or pigmentation:

Head

Headaches:

Dizziness:

Lightheadedness:

Eyes

Vision changes:

Pain:

Redness:

Blurry vision:

Discharge:

Ears

Hearing loss:

Tinnitus:

Pain:

Discharge:

Nose and Sinuses

Congestion:

Discharge:

Itching:

Nosebleeds:

Mouth/Throat

Toothache:

Sore throat:

Hoarseness:

Bleeding gums:

Neck

Pain:

Swelling:

Stiffness:

Lymph node enlargement:

Respiratory

Shortness of breath:

Cough:

Wheezing:

Hemoptysis:

Cardiovascular

Chest pain or discomfort:

Palpitations:

Swelling in extremities:

Syncope:

Gastrointestinal

Appetite changes:

Nausea:

Vomiting:

Diarrhea:

Constipation:

Genitourinary

Frequency of urination:

Urgency:

Incontinence:

Nocturia:

Musculoskeletal

Muscle or joint pain:

Stiffness:

Swelling:

Limitation of movement:

Neurological

Seizures:

Weakness:

Numbness:

Tingling:

Psychiatric

Mood changes:

Anxiety:

Depression:

Suicidal thoughts:

Endocrine

Heat or cold intolerance:

Excessive sweating:

Thirst changes:

Hematologic/Lymphatic

Easy bruising:

Bleeding:

History of anemia:

Allergic/Immunologic

Known allergies:

Reactions to medications:

Autoimmune disorders:

Assessment Notes