# 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