

14-Point Review of Systems

Patient information		
Patient name:		Date of birth:
Age:	Gender:	Contact information:
1. Constitutional		
<input type="checkbox"/> Weight loss	<input type="checkbox"/> Difficulty sleeping	<input type="checkbox"/> Feeling well (or poorly) in general
<input type="checkbox"/> Weight gain	<input type="checkbox"/> Sweats	<input type="checkbox"/> Fever
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Chronic pain	<input type="checkbox"/> Chills
Recent medical evaluations or treatments:		
2. Eyes		
<input type="checkbox"/> Decrease / change in vision with pain	<input type="checkbox"/> Decrease / change in vision without pain	
<input type="checkbox"/> Double vision	<input type="checkbox"/> Eye discharge	
<input type="checkbox"/> Red eye		
3. Ears, nose, mouth, throat		
<input type="checkbox"/> Sores or non-healing ulcers in / around mouth	<input type="checkbox"/> Masses or growths	
<input type="checkbox"/> Change in hearing acuity	<input type="checkbox"/> Ear pain or discharge	
<input type="checkbox"/> Nasal congestion or discharge	<input type="checkbox"/> Change in voice / hoarseness	
<input type="checkbox"/> Tooth pain or problems	<input type="checkbox"/> Sense of lump / mass in throat when swallowing	
4. Cardiovascular		
<input type="checkbox"/> Chronic cardiovascular disorders	<input type="checkbox"/> Chest pain or pressure	
<input type="checkbox"/> Orthopnea (shortness of breath lying down)	<input type="checkbox"/> Paroxysmal nocturnal dyspnea (PND)	
<input type="checkbox"/> Lower extremity edema	<input type="checkbox"/> Sudden loss of consciousness	
<input type="checkbox"/> Sense of rapid or irregular heartbeat	<input type="checkbox"/> Calf / leg pain / cramps with ambulation	
<input type="checkbox"/> Wounds / ulcers in feet that are difficult or slow to heal		

5. Respiratory

- ☐ Chronic or past pulmonary disorders
- ☐ Shortness of breath at rest
- ☐ Shortness of breath with exertion
- ☐ Chest pain

- ☐ Cough
- ☐ Hemoptysis
- ☐ Wheezing
- ☐ Snoring

6. Gastrointestinal

- ☐ Chronic or past gastrointestinal disorders
- ☐ Heartburn / substernal burning
- ☐ Abdominal pain
- ☐ Difficulty swallowing
- ☐ Nausea or vomiting
- ☐ Abdominal swelling or distention

- ☐ Jaundice
- ☐ Vomiting blood
- ☐ Black / tarry stools
- ☐ Bloody stools
- ☐ Constipation
- ☐ Diarrhea or other change in bowel habits

7. Genitourinary

- ☐ Chronic or past genitourinary disorders
- ☐ Blood in urine
- ☐ Burning with urination
- ☐ Urination at night
- ☐ Incontinence
- ☐ Incomplete emptying

For men:

- ☐ Erectile dysfunction
- ☐ Penile discharge or pain
- ☐ Testicular pain
- ☐ Testicular swelling / mass
- ☐ Penile ulcers or growths
- ☐ Fertility problems

Urgency:

Frequency:

Musculoskeletal

- ☐ Presence of known disease
- ☐ Joint pain and / or swelling
- ☐ Muscle ache

- ☐ Low back pain
- ☐ Knee pain / swelling
- ☐ Hand symptoms

- ☐ Elbow symptoms
- ☐ Hip area symptoms
- ☐ Shoulder pain or symptoms

9. Integumentary

- | | |
|---|---|
| <input type="checkbox"/> Hair loss | <input type="checkbox"/> Sores that grow and / or do not heal |
| <input type="checkbox"/> Skin eruption / rashes | <input type="checkbox"/> Lesions changing in size, share or color |
| <input type="checkbox"/> Skin growths | <input type="checkbox"/> Itching |

10. Neurological

- | | | |
|---|---|---|
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Witnessed seizure activity | <input type="checkbox"/> Presence of known disease |
| <input type="checkbox"/> Balance problems | <input type="checkbox"/> Numbness | <input type="checkbox"/> Sudden loss of neurological function |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Weakness | <input type="checkbox"/> Abrupt loss / change in level of consciousness |

11. Psychiatric

- | | |
|--|---|
| <input type="checkbox"/> Presence of known mental health disorder | <input type="checkbox"/> Feeling anxious much of the time |
| <input type="checkbox"/> Feeling sad or depressed much of the time | <input type="checkbox"/> Memory problems |
| <input type="checkbox"/> Alcohol or other substance abuse | <input type="checkbox"/> Confusion |

12. Endocrine

- | | | |
|---|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Presence of known endocrine disorder | <input type="checkbox"/> Polydipsia | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Polyuria | <input type="checkbox"/> Polyphagia | <input type="checkbox"/> Weight loss |
| | | <input type="checkbox"/> Weight gain |

13. Hematologic / lymphatic

- | | |
|---|---|
| <input type="checkbox"/> Presence of known disease | <input type="checkbox"/> New / growing lumps or bumps |
| <input type="checkbox"/> Fevers and chills | <input type="checkbox"/> Hypercoagulability |
| <input type="checkbox"/> Abnormal bleeding / bruising | |

14. Allergic / immunologic

- | | |
|---|---|
| <input type="checkbox"/> Seasonal allergies | <input type="checkbox"/> Autoimmune disorder symptoms |
| <input type="checkbox"/> Food allergies or intolerances | <input type="checkbox"/> Unusual reactions to medications |
| <input type="checkbox"/> Frequent infections | |

Additional notes

Signature

Healthcare provider name:

Healthcare provider signature:

License number:

Date:

References

American College of Cardiology. (n.d.). *Review of systems*. <https://www.acc.org/tools-and-practice-support/practice-solutions/coding-and-reimbursement/documentation/evaluation-and-management/review-of-systems>

Goldberg, C. (2018). *UC San Diego's practical guide to clinical medicine*. University of California san Diego. <https://meded.ucsd.edu/clinicalmed/ros.html>