HEENT Review of Systems

Patient's Name: ______________________________

Date of Birth: ______________________________

Gender: ______________________________

Relevant Medical History: ____

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Referring Physician's Name: ______________________________

HEENT (Head, Eyes, Ears, Nose, and Throat) Review of Systems

Symptom	Questions to Ask the Patient	Present or Absent?	Additional Notes
Headaches		☐ Present ☐ Absent	
Loss/ Alterations of Consciousness		☐ Present ☐ Absent	
Dizziness		☐ Present ☐ Absent	
Vertigo		☐ Present ☐ Absent	
Light-Headedness		☐ Present ☐ Absent	
Fainting or Blackouts		☐ Present ☐ Absent	

Sudden change or loss of vision		☐ Present ☐ Absent	
Eye Pain		☐ Present ☐ Absent	
Dryness/ Tearing		☐ Present ☐ Absent	
Eye Discharge		☐ Present ☐ Absent	
Change or loss of hearing		☐ Present ☐ Absent	
Tinnitus		☐ Present ☐ Absent	
Ear Pain		☐ Present ☐ Absent	
Ear Dryness		☐ Present ☐ Absent	
Ear Discharge		☐ Present ☐ Absent	

Nosebleed		☐ Present ☐ Absent	
Runny Nose		☐ Present ☐ Absent	
Other Nose Discharge		☐ Present ☐ Absent	
Frequent Sneezing		☐ Present ☐ Absent	
Sore Throat		☐ Present ☐ Absent	
Swelling around throat		☐ Present ☐ Absent	
Neck Pain		☐ Present ☐ Absent	
Hoarseness/ Difficulty Speaking		☐ Present ☐ Absent	
Mouth or Teeth Pain		☐ Present ☐ Absent	

Mouth sores		☐ Present ☐ Absent	
Gingival Bleeding		☐ Present ☐ Absent	
Dry Mouth		☐ Present ☐ Absent	
Drooling		☐ Present ☐ Absent	
Abnormal Taste		☐ Present ☐ Absent	

Summary or Additional Notes: