Normal Review of Systems

Patient Information
Name:
Age:
Gender:
Date of Birth:
Date of Visit:

General	
Constitutional	**Skin**
☐ Fever ☐ Weight loss ☐ Fatigue	☐ Rashes ☐ Lesions ☐ Itching
Head, Eyes, Ears, Nose, Throat (HEENT)	
Head	**Eyes**
☐ Headaches ☐ Trauma	☐ Vision changes ☐ Eye pain ☐ Double vision
Ears	**Nose**
☐ Hearing loss ☐ Tinnitus ☐ Ear pain	☐ Nasal congestion ☐ Epistaxis
Throat	
☐ Sore throat ☐ Dysphagia	

Respiratory	
Nasal	**Lungs**
☐ Rhinorrhea ☐ Congestion	☐ Cough ☐ Hemoptysis ☐ Shortness of breath
Chest	
☐ Chest pain ☐ Wheezing	
Cardiovascular	
Heart	**Vascular**
☐ Chest pain ☐ Palpitations	☐ Edema ☐ Claudication
Gastrointestinal	
Mouth/Oral	**Esophagus**
☐ Dental problems ☐ Dysphagia	☐ Heartburn ☐ Regurgitation
Abdomen	**Liver/Gallbladder**
☐ Abdominal pain ☐ Bloating ☐ Changes in bowel habits	☐ Jaundice ☐ Right upper quadrant pain
Pancreas	
☐ Epigastric pain	

Genitourinary	
Renal	**Reproductive (Male/Female)**
Frequency: _____ Urgency: _____ ☐ Hematuria	☐ Menstrual history ☐ Erectile dysfunction
Musculoskeletal	
Joints	**Muscles**
☐ Arthralgia ☐ Stiffness ☐ Swelling	☐ Myalgia
Neurological	
Headache	**Seizures**
Type: _____ Frequency: _____ Severity: _____	Type: _____ Frequency: _____
Mental Status	
☐ Memory changes ☐ Confusion	
Psychiatric	
Mood	**Sleep**
☐ Depression ☐ Anxiety	☐ Insomnia ☐ Hypersomnia
Endocrine	
Thyroid	**Diabetes**
☐ Changes in weight ☐ Energy levels	☐ Polyuria ☐ Polydipsia

Hematologic/Lymphatic	
Bleeding	**Lymph Nodes**
☐ Ecchymosis ☐ Petechiae	☐ Enlarged ☐ Tender
Allergic/Immunologic	
Allergies	**Infections**
☐ Medications ☐ Environmental	☐ Frequent infections ☐ Immune system status

Additional Notes/Comments