Review of Systems List

Patient information	
Name	Age
Address	
Phone number	Email address:

Check the box for the condition/s that apply to your health.

☐ Check here if none applied.

Constitutional	**Skin**
☐ Fever ☐ Weight changes ☐ Fatigue ☐ Weakness ☐ Night sweats	☐ Rashes ☐ Lesions ☐ Itching ☐ Dryness ☐ Changes in moles
Head, Eyes, Ears, Nose, and Throat (HEENT)	**Respiratory**
☐ Headaches ☐ Vision changes ☐ Ear pain ☐ Nasal congestion ☐ Sore throat ☐ Dental problems	☐ Cough ☐ Shortness of breath ☐ Wheezing ☐ Chest pain with breathing ☐ Sputum production

Cardiovascular	Gastrointestinal
☐ Chest pain ☐ Palpitations ☐ Edema (swelling) ☐ Shortness of breath on exertion	☐ Abdominal pain ☐ Nausea/vomiting ☐ Diarrhea/constipation ☐ Changes in bowel habits ☐ Heartburn
Genitourinary	**Musculoskeletal**
☐ Dysuria (painful urination) ☐ Frequency/urgency ☐ Blood in urine ☐ Changes in urinary habits ☐ Sexual dysfunction	☐ Joint pain ☐ Muscle pain ☐ Stiffness ☐ Swelling ☐ Limited range of motion
Neurological	**Psychiatric**
☐ Headaches ☐ Dizziness/vertigo ☐ Numbness/tingling ☐ Memory changes ☐ Seizures ☐ Weakness	☐ Depression ☐ Anxiety ☐ Sleep disturbances ☐ Changes in mood ☐ Suicidal thoughts
Hematologic/Lymphatic	**Endocrine**
☐ Easy bruising ☐ Lymph node swelling ☐ Bleeding tendencies ☐ History of anemia	☐ Heat or cold intolerance ☐ Excessive thirst or urination ☐ Changes in weight ☐ Thyroid changes

Additional notes