

# Review of Systems

**Patient's full name:**

**Patient's date of birth:**

**Date of review:**

**Instructions:** When patients present for a check-up, please conduct a Review of Systems to collect information about their health status. Make sure to ask them questions pertinent to each system below and check the symptoms or problems that apply to them.

For returning patients, please update their records after accomplishing the review.

## Constitutional

- No problems
- Lack of energy
- Tiredness/fatigue
- Unexplained weight gain
- Unexplained weight loss
- Loss of appetite
- Fever
- Night sweats
- Pain in jaws when eating
- Scalp tenderness
- Prior diabetes diagnosis
- Prior cancer diagnosis
- Other: \_\_\_\_\_

## Ears, Nose, Mouth & Throat

- No problems
- Difficulty with hearing
- Sinus problems
- Runny/stuffy nose
- Post-nasal drip

- Nosebleeds
- Ringing in the ears
- Ear pain
- Mouth sores
- Sore throat
- Loose teeth
- Facial pain/numbness
- Other: \_\_\_\_\_

### **Cardiovascular**

- No problems
- Irregular heartbeats
- Rapid heartbeats
- Chest pains
- Leg/legs swelling
- Foot/feet swelling
- Pain in legs while walking
- Other: \_\_\_\_\_

### **Respiratory**

- No problems
- Shortness of breath
- Prolonged coughs
- Wheezing
- Sputum production
- Prior tuberculosis
- Pleurisy
- Uses an oxygen tank at home
- Coughing up blood
- Abnormal chest X-ray
- Other: \_\_\_\_\_

### **Gastrointestinal**

- No problems
- Heartburn
- Constipation
- Specific food intolerance
- Diarrhea
- Abdominal pain
- Difficulty swallowing
- Nausea
- Vomiting
- Bloody stools
- Incontinence
- Other: \_\_\_\_\_

### **Genitourinary**

- No problems
- Painful urination
- Frequent urination
- Urgency
- Prostate problems
- Bladder problems
- Impotence
- Other: \_\_\_\_\_

### **Muscles, Bones, and Joints**

- No problems
- Joint pains
- Muscle aches
- Shoulder pains
- Joint swelling

- Joint deformities
- Back pains
- Other: \_\_\_\_\_

**Integumentary**

- No problems
- Persistent rashes
- Persistent itches
- New skin lesions
- Changes in existing skin lesions
- Hair loss
- Hair increase
- Breast changes
- Other: \_\_\_\_\_

**Neurologic**

- No problems
- Frequent headaches
- Double vision
- Weakness
- Changes in sensations
- Walking and balancing problems
- Coordination problems
- Dizziness
- Tremors
- Loss of consciousness
- Uncontrolled emotions
- Temporary visual loss
- Episodic visual loss
- Permanent visual loss
- Other: \_\_\_\_\_

**Psychiatric**

- No problems
- Insomnia
- Irritability
- Depression
- Anxiety
- Recurrent bad thoughts
- Mood swings
- Hallucinations
- Delusions
- Compulsions
- Other: \_\_\_\_\_

**Endocrinologic**

- No problems
- Cold intolerance
- Heat intolerance
- Menstrual irregularities
- Frequent hunger
- Frequent thirst
- Frequent urination
- Changes in sex drive
- Other: \_\_\_\_\_

**Hematologic**

- No problems
- Easy bleeding
- Easy bruising
- Anemia
- Abnormal blood test results
- Leukemia

Unexplained swollen areas

Other: \_\_\_\_\_

**Allergic/Immunologic**

No problems

Seasonal allergies

Food allergies

Hay fever symptoms

Itching

Frequent infections

Recurrent infections

HIV exposure

Other: \_\_\_\_\_

**NOTES**

**Attending healthcare provider:**

**Signature:**

**Date of review:**