

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: