

# Review of Systems Checklist

Patient's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Relevant Medical History:

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Referring Physician's Name: \_\_\_\_\_

## CONSTITUTIONAL

- None
- Fever
- Weight Change
- Fatigue
- Change in Appetite
- Night Sweats
- Chills

Additional Notes:

## SKIN

- None
- Rash
- Sores
- Hair/Nail Changes
- Pruritus
- Mole Change or Appearance

Additional Notes:

## HEENT

- None
- Runny Nose
- Nosebleed
- Sore Throat
- Oral Ulcers
- Dental Issues

## PULMONARY or RESPIRATORY

- None
- Wheezing
- Cough
- Coughing up Blood
- Coughing up Sputum
- Shortness of Breath or Difficulty Breathing

**HEENT**

- Gingival Bleeding
- Abnormal Taste
- Hoarseness
- Dry Mouth
- Jaw Claudication
- Ear Ache or Pain
- Ear Discharge
- Decreased Hearing or Hearing Loss
- Tinnitus
- Vertigo
- Decreased Visual Acuity
- Blurry Vision
- Double Vision
- Eye Pain or Discharge

Additional Notes:

**PULMONARY or RESPIRATORY**

- Severe or Frequent Colds

Additional Notes:

**CARDIOVASCULAR**

- None
- Chest Pain
- Palpitations
- Shortness of Breath
- PND (Paroxysmal Nocturnal Dyspnea)
- Edema
- Claudication
- Irregular Blood Pressure

Additional Notes:

**BREAST**

- None
- Mass
- Pain
- Nipple Discharge

Additional Notes:

**GASTROINTESTINAL**

- None
- Dysphagia
- Nausea
- Vomiting
- Abdominal Pain
- Jaundice
- Diarrhea
- Constipation
- Changes or Blood in Stool
- Tenesmus
- Hemorrhoids

Additional Notes:

**GENITOURINARY**

- None
- Dysuria/Difficulty Urinating
- Hematuria/Blood in Urine
- Frequency
- Urgency
- Nocturia
- Incontinence
- Genital Sores or Ulcers
- Prostasis or Painful and Difficult Urination
- Discharge
- Testicular Pain/Swelling
- Dyspareunia
- Dysmenorrhea
- Menorrhagia
- Metrorrhagia
- Genital Lesions

Additional Notes:

**ENDOCRINE**

- None
- Polyuria or Excessive Urination
- Polydipsia or Excessive Thirst
- Heat Intolerance
- Cold Intolerance

Additional Notes:

**MUSCULOSKELETAL**

- None
- Joint Swelling
- Arthralgias or Joint Pain
- Myalgias or Muscle Aches or Pain
- Back Pain

Additional Notes:

**HEMATOLOGIC or LYMPHATIC**

- None
- Easy Bruising
- Easy/Prolonged Bleeding
- Lymphadenopathy

Additional Notes:

**PSYCHIATRIC**

- None
- Dysphoria
- Insomnia
- Anxiety

Additional Notes:

**NEUROLOGIC**

- None
- Headache
- Memory Loss
- Speech Problems
- Syncope
- Seizures
- Numbness or Sensory Changes
- Tremor
- Ataxia
- Loss of Coordination
- Falling
- Dizziness
- Paralysis of Extremities
- Fainting

Additional Notes:

**Other Symptoms:**