Review of Systems Checklist

Patient's Name:	
Date of Birth:	
Gender:	
Relevant Medical History:	
Referring Physician's Name:	
CONSTITUTIONAL	SKIN
□ None	□ None
☐ Fever	□ Rash
☐ Weight Change	□ Sores
☐ Fatigue	☐ Hair/Nail Changes
☐ Change in Appetite	Pruritus
☐ Night Sweats	
☐ Chills	Additional Notes:
Additional Notes:	
HEENT	PULMONARY or RESPIRATORY
□ None	None
☐ Runny Nose	Wheezing
□ Nosebleed	☐ Cough
□ Sore Throat	☐ Coughing up Blood
Oral Ulcers	□ Coughing up Sputum
☐ Dental Issues	☐ Shortness of Breath or Difficulty Breathing
I and the second se	

HEENT	PULMONARY or RESPIRATORY
☐ Gingival Bleeding	 Severe or Frequent Colds
☐ Abnormal Taste	Additional Notes:
Hoarseness	
☐ Dry Mouth	
☐ Jaw Claudication	CARDIOVASCULAR
☐ Ear Ache or Pain	□ None
☐ Ear Discharge	☐ Chest Pain
 Decreased Hearing or Hearing Loss 	Palpitations
Tinnitus	☐ Shortness of Breath
□ Vertigo	□ PND (Paroxysmal Nocturnal Dyspnea)
□ Decreased Visual Acuity	□ Edema
☐ Blurry Vision	Claudication
Double Vision	☐ Irregular Blood Pressure
☐ Eye Pain or Discharge	Additional Notes:
Additional Notes:	
BREAST	
□ None	
□ Pain	
□ Nipple Discharge	
Additional Notes:	

GASTROINTESTINAL	GENITOURINARY	
□ None	□ None	
Dysphagia	□ Dysuria/Difficulty Urinating	
■ Nausea	☐ Hematuria/Blood in Urine	
Vomiting	Frequency	
Abdominal Pain	Urgency	
Jaundice	□ Nocturia	
Diarrhea	Incontinence	
Constipation	☐ Genital Sores or Ulcers	
☐ Changes or Blood in Stool	☐ Prostasis or Painful and Difficult Urination	
Tenesmus	Discharge	
Hemorrhoids	☐ Testicular Pain/Swelling	
Additional Notes:	Dyspareunia	
	Dysmenorrhea	
	Menorrhagia	
	Metrorrhagia	
	☐ Genital Lesions	
	Additional Notes:	

ENDOCRINE	MUSCULOSKELETAL
□ None	□ None
 Polyuria or Excessive Urination 	□ Joint Swelling
 Polydipsia or Excessive Thirst 	Arthralgias or Joint Pain
☐ Heat Intolerance	 Myalgias or Muscle Aches or Pain
☐ Cold Intolerance	□ Back Pain
Additional Notes:	Additional Notes:
HEMATOLOGIC or LYMPHATIC	NEUROLOGIC
□ None	□ None
Easy Bruising	Headache
Easy/Prolonged Bleeding	Memory Loss
Lymphadenopathy	☐ Speech Problems
Additional Notes:	Syncope
	Seizures
	Numbness or Sensory Changes
PSYCHIATRIC	☐ Tremor
□ None	□ Ataxia
Dysphoria	Loss of Coordination
Insomnia	Falling
Anxiety	Dizziness
Additional Notes:	Paralysis of Extremities
	□ Fainting
	Additional Notes:

Other Symptoms:	