## **Review of Systems Checklist**

\_\_\_\_\_

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

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

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

**Relevant Medical History:** 

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

CONSTITUTIONAL	SKIN		
Fever	Rash		
Weight Change	Sores		
Fatigue	Hair/Nail Changes		
Change in Appetite	Pruritus		
Night Sweats	Mole Change or Appearance		
Chills	Additional Notes:		
Additional Notes:			
HEENT	PULMONARY or RESPIRATORY		
Runny Nose			
	_		
Nosebleed	Cough		
Sore Throat	Coughing up Blood		
Oral Ulcers	Coughing up Sputum		
Dental Issues	Shortness of Breath or Difficulty Breathing		

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			
□ Mass			
□ Pain			
<ul> <li>Nipple Discharge</li> </ul>			
—			
Additional Notes:			

GASTROINTESTINAL	GENITOURINARY		
None	None		
Dysphagia	Dysuria/Difficulty Urinating		
Nausea	Hematuria/Blood in Urine		
	Frequency		
Abdominal Pain			
Jaundice	Nocturia		
Diarrhea			
Constipation	Genital Sores or Ulcers		
Changes or Blood in Stool	Prostasis or Painful and Difficult Urination		
Tenesmus	Discharge		
	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		
Easy Bruising	Headache		
Easy/Prolonged Bleeding	Memory Loss		
Lymphadenopathy	Speech Problems		
Additional Notes:	Syncope		
	Seizures		
	Numbness or Sensory Changes		
PSYCHIATRIC			
None	Ataxia		
Dysphoria	Loss of Coordination		
Insomnia	Falling		
Anxiety	Dizziness		
Additional Notes:	Paralysis of Extremities		
	Fainting		
	Additional Notes:		

Other	Symptor	ns:
-------	---------	-----