

Review of Systems

Patient Identification

Full Name: _____

Age: _____ Date of Birth: _____ Gender: _____

Contact Information: _____

Emergency Contact: _____

Doctor: _____

Tick any symptoms you have :

General

- Fever
- Chills
- Weight Loss
- Weight Gain
- Night Sweats
- Fatigue
- Weakness

Endocrine

- Cold intolerance
- Heat intolerance
- Excessive thirst
- Excessive urination
- Excessive sweating
- Flushing

Skin

- Rash/purple or red spots/pigment change
- Hair loss
- Sun sensitivity
- Hives
- Thickening or tightening of skin
- Calcium deposits
- Fingers/toes turn colors in the cold
- Nodules
- Psoriasis
- Nail problems
- Dry skin

Neurologic

- Migraines
- Headaches
- Numbness/tingling
- Muscle weakness
- Incontinence
- Seizures
- Muscle cramps
- Difficulty thinking or remembering

Scalp/Head

- Hair loss
- Scalp tenderness
- Headache
- Jaw pain with chewing

Eyes

- Vision problems
- Double Vision
- Red eye or pink eye
- History of pink eye as an adult
- Eye Pain
- Dry eyes
- Sandy, gritty sensation in eyes

Ears

- Hearing loss
- Earache
- Ear pain
- Swollen ear
- Red ear
- Floppy ear
- Ringing in ears
- Drainage from ear
- Vertigo

Nose

- Runny nose
- Nasal congestion
- Nose bleeds
- Deformity of nose
- Swelling of nose

- Red nose
- Dry nose
- Nose sores
- Loss of sense of smell
- Sinusitis

Mouth

- Sores in mouth
- Dry mouth
- Dental problems
- Loss of taste
- Difficulty swallowing
- Bleeding gums
- Sore throat
- Hoarseness/change in voice

Allergy

- Frequent sneezing
- Seasonal allergies
- Increased infections

Lungs

- Shortness of breath
- Cough
- Coughing up blood
- Wheezing
- Chest pain with breathing/pleurisy

Heart

- Chest pain
- Stabbing chest pain/pericarditis
- Irregular or rapid heart rate
- Lightheadedness/Passing out
- Sleep on more than 2 pillows due to shortness of breath
- Awakened by shortness of breath
- Leg/ankle swelling
- Color changes in legs/feet
- Leg cramps with walking
- Heart murmur

GI/Abdomen

- Abdominal pain
- Heartburn
- Nausea
- Vomiting
- Difficulty swallowing
- Diarrhea
- Constipation
- Blood in stools
- Black, sticky stools
- Mucous in stools
- Jaundice
- History of food poisoning

Genitourinary/Urology

- Pain/burning with urination
- Difficulty urinating
- Urinary incontinence
- Cloudy urine
- Blood in urine
- History of STDs

Women Only

- Pre-eclampsia or high blood pressure during pregnancy
- History of miscarriage
- Vaginal discharge
- Vaginal ulcers

Men Only

- Penile discharge
- Penile ulcers
- Prostate trouble

Blood/Lymph

- Swollen lymph nodes (status post biopsy)
- Blood clots
- Bleeding tendency
- Bruising
- Transfusions

Psychology

- Depression
- Anxiety/Panic Attacks
- Insomnia or Disturbed sleep
- Wake up unrefreshed
- High stress level

Physician's Signature: _____ **Date:** ____ / ____ / _____

Patient Acknowledgment

I have reviewed the Review Of Systems Template and understand the information provided.

Patient's Signature: _____ **Date:** ____ / ____ / _____