

REVIEW OF SYSTEMS

Check "yes" for any current illness and/or disease. Check "no" for all others.

TODAY'S DATE _____

CONSTITUTIONAL

- NO YES
- Chills
- Fatigue
- Fever
- Malaise
- Night sweats
- Weight gain
- Weight loss

Other: _____

HEENT

- Ear drainage
- Ear pain
- Eye discharge
- Eye pain
- Hearing loss
- Nasal drainage
- Sinus pressure
- Sore throat
- Visual changes

Other: _____

RESPIRATORY

- Chronic cough
- Cough
- TB exposure
- Shortness of breath
- Wheezing

Other: _____

CARDIOVASCULAR

- Chest pain
- Claudication (leg weakness with circulation problems)
- Edema (swelling)
- Palpitations

Other: _____

GASTROINTESTINAL

- Abdominal pain
- Blood in stools
- Change in stools
- Constipation
- Diarrhea
- Heartburn
- Loss of appetite
- Nausea
- Vomiting

Other: _____

GENITOURINARY – FEMALE

- Dysuria (difficult/ painful urination)
- Hematuria (blood in urine)
- Polyuria (excessive urination)
- Urinary frequency
- Urinary incontinence
- Urinary retention

Other: _____

REPRODUCTIVE – FEMALE

- NO YES
- Abnormal pap
- Dysmenorrhea (painful menstruation)
- Dyspareunia (painful intercourse)
- Hot flashes
- Irregular menses
- Vaginal discharge

Other: _____

GENITOURINARY – MALE

- Dribbling
- Dysuria (difficult/painful urination)
- Hematuria (blood in urine)
- Polyuria (excessive urination)
- Slow stream
- Urinary frequency
- Urinary incontinence
- Urinary retention

Other: _____

REPRODUCTIVE – MALE

- Erectile dysfunction
- Penile discharge
- Sexual dysfunction

Other: _____

INTEGUMENTARY

- Breast discharge
- Breast lump
- Brittle hair
- Brittle nails
- Hair loss
- Hirsutism (excessive body hair)
- Hives
- Pruritus (itching)
- Mole changes
- Rash
- Skin lesion

Other: _____

NEUROLOGICAL

- Dizziness
- Extremity numbness
- Extremity weakness
- Gait disturbance
- Headache
- Memory loss
- Seizures
- Tremors

Other: _____

PSYCHIATRIC

- NO YES
- Anxiety
- Depression
- Insomnia

Other: _____

METABOLIC/ENDOCRINE

- Cold intolerance
- Heat intolerance
- Polydipsia (excessive thirst)
- Polyphagia (over eating)

Other: _____

MUSCULOSKELETAL

- Back pain
- Joint pain
- Joint swelling
- Muscle weakness
- Neck pain

Other: _____

HEMATOLOGIC

- Easy bleeding
- Easy bruising
- Lymphadenopathy (swelling of lymph nodes)

Other: _____

IMMUNOLOGIC

- Contact allergy
- Environmental allergies
- Food allergies
- Seasonal allergies

Other: _____

Colonoscopy:

- Yes No

Date _____

Mammogram:

- Yes No

Date _____

PAST TESTS/DIAGNOSTICS/LABS:

DATE	TYPE

Immunizations:

Flu Shot Date: _____

Pneumonia Date: _____

Tetanus Date: _____

Patient Initials _____

Patient Name: _____ Date of Birth: _____