

REVIEW OF SYSTEMS

Instructions: Check the box for each symptom that you have now or have had in the past three months. Fill in the blank spaces.

General:

- weakness
- fatigue
- chills
- night sweats
- change in weight, appetite or sleeping habits

Eyes:

- glasses or contacts
- blank spots in your field of vision
- excessive tearing or discharge
- eye pain
- double vision
- last eye exam, date: _____

Ears, Nose, Sinuses, Mouth and Throat:

- loss or trouble hearing
- ringing
- frequent earaches
- post nasal drip
- sinus pain
- hoarseness
- bleeding gums
- last dental exam, date: _____
- drainage
- nosebleed
- blockage of nose
- sore throat
- dentures
- toothache

Lungs:

- cough
- wheezing
- shortness of breath
- spitting up blood
- positive TB test
- last chest X-ray, date: _____

Heart:

- chest pain
- palpitations (heart pounding)
- trouble breathing at night
- fatigue easily with exercise
- ankle swelling

Skin:

- itching
- rash
- change in color
- changes in warts, moles, or birthmarks

Breast:

- lumps in breast
- discharge from nipple
- last mammogram, date: _____

Gastrointestinal:

- vomiting
- difficulty swallowing
- stomach or abdominal pain
- indigestion or heartburn
- ulcers
- changes in bowel habits
- blood in stools (or black stools)
- hemorrhoids
- sigmoid or colonoscopy, date: _____

Musculoskeletal:

- pain
- stiffness
- weakness
- twitching
- deformity
- chronic back pain
- joint swelling
- decreased range of motion

Vaginal and Urinary (female):

- vaginal itching or burning
- vaginal discharge
- sexually transmitted diseases (examples: herpes, syphilis, chlamydia, gonorrhea, AIDS, etc.)
- sexual difficulties
- last menstrual period, date: _____
- problems with menstrual periods
- last pap smear, date: _____
- methods of contraception: _____
- pregnancy, number: _____
- problems during pregnancy
- miscarriages or abortions, number: _____
- pain or frequent urination
- previous urinary infections
- blood in urine
- kidney stones
- trouble starting stream
- incontinence (leaking)

Genitals and Urinary (male):

- hernia
- discharge from penis
- pain or lump in testicles
- methods of contraception: _____
- sexual difficulties
- sexually transmitted diseases (examples: herpes, syphilis, chlamydia, gonorrhea, AIDS, etc.)
- pain or frequent urination
- previous urinary infections
- blood in urine
- kidney stones
- trouble starting stream
- incontinence (leaking)

Hematologic and Lymphatic:

- easy bruising or bleeding problems
- swollen lymph nodes

Endocrine:

- excessively hot
- always thirsty
- excessively cold
- always hungry

Nervous System:

- headaches
- numbness
- head injury
- seizures
- dizziness or passing out
- loss of coordination or balance

Psychological:

- nervousness or anxiety
- depression
- unable to sleep
- nightmares
- memory loss