

REVIEW OF SYSTEMS

Name of Patient: _____

PLEASE MARK ALL THAT CURRENTLY APPLY

CONSTITUTIONAL:

- Weight Loss
- Weight Gain
- Fevers
- Chills
- Weakness
- Fatigue
- Night Sweats
- Decline in Health

YES

MUSCULOSKELETAL:

- Muscle Pain
- Joint Pain
- Joint Stiffness
- Muscle Stiffness

YES

EYES:

- Visual Loss
- Blurred Vision
- Double Vision
- Yellow Eyes
- Other: _____

YES

PSYCHIATRIC:

- Depression
- Anxiety
- Psychiatric Disorder
- Memory Loss

YES

BREAST:

- Nipple Discharge
- Lumps
- Tenderness
- Pain

YES

EAR, NOSE, THROAT, MOUTH:

- Ringing in Ears
- Hearing Impairment
- Sneezing
- Congestion
- Runny Nose
- Sore Throat
- Hoarseness
- Other: _____

YES

SKIN:

- Lesions
- Rashes
- Itching
- Lumps

YES

GENITOURINARY:

- Painful Urination
- Increased Frequency
- Increased Urgency
- Blood in Urine
- Other: _____

YES

RESPIRATORY:

- Shortness of Breath
- Cough
- Wheezing
- Asthma

YES

NEUROLOGICAL:

- Numbness
- Headache
- Dizziness
- Seizures
- Loss of Consciousness
- Other: _____

YES

CARDIOVASCULAR

- Chest Pain
- Palpitations
- Leg Swelling
- Shortness of Breath w/exertion

YES

GASTROINTESTINAL:

- Nausea
- Reflux/Heartburn
- Decreased Appetite
- Vomiting
- Diarrhea
- Constipation
- Blood in Stool
- Black Tarry Stools
- Abdominal Pain
- Rectal Bleeding
- Hernia

YES

ENDOCRINE:

- Heat Intolerance
- Cold Intolerance
- Excessive Thirst
- Excessive Urination

YES

HEMATOLOGIC/LYMPHATIC

- Easy Bruising or Bleeding
- Enlarged Lymph Nodes
- Anemia

YES

ALLERGIC/IMMUNOLOGY:

- Frequent Illnesses
- Sinus Allergy Symptoms
- Other: _____

YES

Post operative appointment and not having any problems.

Yes