

## REVIEW OF SYSTEMS

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Please circle any of the following conditions if they are currently significant:

**GENERAL:** fever - fatigue - changes in hair - chills - unexplained weight loss

**EYES:** eye pain - double vision - glaucoma - discharge

**EAR, NOSE, MOUTH, THROAT:** *ear* - pain - drainage - hearing aid - ringing; *nose* - congestion - recurrent nose bleeds - sinus infection; *throat and mouth* - throat pain - ulcers/sores - difficulty swallowing

**CARDIOVASCULAR:** chest pain - heart attack - fast/slow heart beat - heart murmur - leg swelling - fainting - shortness of breath during the night - pain in calves/thighs when walking

**RESPIRATORY:** asthma - wheezing - shortness of breath - cough - bloody sputum - hoarseness

**GASTROINTESTINAL:** diarrhea - constipation - stomach pain - stomach swelling - vomiting - indigestion - nausea - black stools - bright red stools - hemorrhoids - change in bowel habits

**GENITOURINARY:** pain or burning during urination - blood in urine - urine stream slow to start incontinence - How many times do you get up to urinate nightly? \_\_\_\_\_

(Women Only) last menstrual period: \_\_\_\_\_ - vaginal discharge -

vaginal bleeding after menopause - date last pap smear: \_\_\_\_\_

**MUSCULOSKELETAL:** extreme backache - pain/numbness of arms or legs - joint pain - joint swelling

**SKIN:** itching - lesions - change in moles - breast mass - do not perform self breast exam - nipple discharge - date last mammogram: \_\_\_\_\_

**NEUROLOGICAL:** temporary loss of vision/slurred speech - seizures - loss of balance - stroke - loss of coordination

**PSYCHIATRIC:** depression - anxiety - mood swings - loss of appetite - suicidal thoughts - sleep disturbance

**ENDOCRINE:** excessive thirst - excessive hunger - intolerance of heat and cold

**HEMATOLOGICAL/LYMPHATIC:** swollen lymph glands - easy bruising - bleeding from gums

**ALLERGIC/IMMUNOLOGIC:** drug allergies: \_\_\_\_\_

seasonal allergies - food allergies - insect allergies - steroid usage during past year

MD initials \_\_\_\_\_

Date \_\_\_\_\_