

PATIENT NAME:	
MRN:	
DOB:	

Review of Systems

Name:

Please check only the symptoms you are experiencing today:			
Allergy / Immunologic: Allergies Hepatitis HIV / AIDS Immunocompromised Endocrine: Excessive thirst / urination Heat / cold intolerance Hormone problems Musculoskeletal: Back pain Calcium problems Change in ring size or shoe size	Neurological: Change in speech Confusion Fainting Frequent headaches Headaches / Migraines Light headed / dizzy Numbness Paralysis Problem with balance Seizures Constitutional: Change in appetite Change in energy Fatigue	Derm / Breast / Integumentary Breast feeding Breast lump Breast pain Change in skin / hair / nails Hair loss Lesions Nipple discharge / bleeding Open skin sores Rash / dry skin / itching Sensitivity to light Ulcerations Yellow / jaundice	Ears / Nose / Mouth / Throat: Choking when swallowing Congestion Dental problems Earaches Frequent colds Food getting stuck in throat Hearing loss / ringing Hoarse voice Mouth sores Nose bleeds Sinus problems Hematological /
☐ Joint pain / swelling ☐ Muscle joint weakness ☐ Problems with feet ☐ Thin bones	Fever Insomnia Recent weight change Stress	Genitourinary: Abnormal periods Bladder control problems	Lymphatic: Anemia Bleeding / bruising Enlarged lymph nodes
Cardiovascular: Chest Pain Cold extremities Irregular / fast heartbeat Numbness / weakness arms / legs Pain when walking Swelling of feet / ankles Varicose veins / phlebitis Eyes: Change in vision Double vision	Gastrointestinal: Abdominal pain Bloody stool Change in bowel Constipation Diarrhea Loss of appetite Nausea / vomiting Psychiatric: Anxiety Crying, frequent Memory loss / confusion Nervousness / depression	Blood in urine Change in force of stream Frequent urination Incomplete emptying Kidney stones Painful / burning urination Painful intercourse Pelvic pain Sexually Transmitted Infections (STI) Stress incontinence Testicular / prostate pain Unable to keep	 ☐ History of blood transfusions ☐ Slow to heal after cuts ☐ Swollen or painful glands Respiratory: ☐ Asthma / wheezing ☐ Bronchitis / pneumonia ☐ Cough ☐ Difficult breathing on exertion ☐ Painful breathing ☐ Shortness of breath ☐ Spitting up blood
Eye / vision problems Spots before eyes Wear glasses / contacts Provider Acknowledgement	•	erection Vaginal discharge	

_____ Date: _____