

REVIEW OF SYSTEMS

PATIENT Name: _____ Date: _____

Please check only areas where you are having problems NOW.

CONSTITUTIONAL

- fatigue
- weight loss
- fever
- chills
- night sweats

EYES

- discharge from eye
- double vision
- excessive tearing
- impaired vision
- dryness
- eye pain

HENT

- headaches
- vertigo/dizziness
- ear pain
- roaring sound in ears
- ringing in ears
- ear fullness
- ear pressure sensation
- hearing loss
- itching in ear
- ear discharge
- decreased sense of smell
- nasal congestion
- snoring
- nasal discharge
- oral blisters
- frequent throat clearing
- change in voice
- dental problems
- sore throat
- dry mouth
- lump in throat sensation
- difficulty swallowing
- hoarseness

- thyroid mass
- swollen glands
- neck pain
- neck mass
- neck stiffness

CARDIOVASCULAR

- irregular heart beats
- rapid heart rate

RESPIRATORY

- hoarseness
- wheezing
- cough

GASTROINTESTINAL

- nausea
- vomiting
- heartburn
- abdominal pain
- diarrhea
- jaundice
- blood in stools

GENITOURINARY

- change in urine color
- difficulty voiding
- pregnancy/ possible
- hematuria (blood in urine)
- decreased libido

INTEGUMENT (SKIN)

- rash
- itching
- new skin lesions
- lumps
- changes in moles

NEUROLOGIC

- muscular weakness
- seizures
- loss of consciousness
- memory difficulties
- tremors
- speech difficulty

MUSCULOSKELETAL

- joint pain
- back pain
- muscle pain

ENDOCRINE

- heat intolerance
- cold intolerance
- weight gain
- weight loss

PSYCHIATRIC

- anxiety
- depression

HEME-LYMPH

- lightheadedness
- easy bleeding
- easy bruising
- lymph node enlargemen

