REVIEW OF SYSTEMS

Check (√) the following conditions that apply to your health.

Check here if none apply □

1. CONSTITUTIONAL
   □ Chills
   □ Fatigue
   □ Fever
   □ Weight gain
   □ Weight loss

2. HEENT
   □ Hearing loss
   □ Sinus pressure
   □ Visual changes

3. RESPIRATORY
   □ Cough
   □ Shortness of breath
   □ Wheezing

4. CARDIOVASCULAR
   □ Chest pain
   □ Pain while walking (Claudication)
   □ Edema
   □ Palpitations

5. GASTROINTESTINAL
   □ Abdominal pain
   □ Blood in stool
   □ Constipation
   □ Diarrhea
   □ Heartburn
   □ Loss of appetite
   □ Nausea
   □ Vomiting

6. GENITOURINARY
   □ Painful urination (Dysuria)
   □ Excessive amount of urine (Polyuria)
   □ Urinary frequency

7. METABOLIC/ENDOCRINE
   □ Cold intolerance
   □ Heat intolerance
   □ Excessive thirst (Polydipsia)
   □ Excessive hunger (Polyphagia)

8. NEUROLOGICAL
   □ Dizziness
   □ Extremity numbness
   □ Extremity weakness
   □ Headaches
   □ Seizures
   □ Tremors

9. PSYCHIATRIC
   □ Anxiety
   □ Depression

10. INTEGUMENTARY
    □ Breast discharge
    □ Breast lump
    □ Hives
    □ Mole change(s)
    □ Rash
    □ Skin lesion

11. MUSCULOSKELETAL
    □ Back pain
    □ Joint pain
    □ Joint swelling
    □ Neck pain

12. HEMATOLOGIC
    □ Easily bleeds
    □ Easily bruises
    □ Lymphedema
    □ Issues with blood clots

13. IMMUNOLOGIC
    □ Food allergies
    □ Seasonal allergies