REVIEW OF SYSTEMS

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

Check	here	if	none	apply	y ⇒	
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Place Patient Sticker Here

Revised 10/7/14

1.	CONSTITUTIONAL	7. METABOLIC/ENDOCRINE			
	☐ Chills	☐ Cold intolerance			
	☐ Fatigue	☐ Heat intolerance			
	□ Fever	Excessive thirst (Polydipsia)			
	☐ Weight gain	☐ Excessive hunger (Polyphagia)			
	☐ Weight loss	8. NEUROLOGICAL			
2.	HEENT	☐ Dizziness			
	☐ Hearing loss	☐ Extremity numbness			
	☐ Sinus pressure	Extremity weakness			
	□ Visual changes	□ Headaches			
	3	☐ Seizures			
3.	RESPIRATORY	☐ Tremors			
	□ Cough	O DEVELUATRIC			
	☐ Shortness of breath	9. PSYCHIATRIC			
	□ Wheezing	□ Anxiety			
		Depression			
4.	CARDIOVASCULAR	10. INTEGUMENTARY			
	☐ Chest pain	☐ Breast discharge			
	☐ Pain while walking (Claudication)	☐ Breast lump			
	□ Edema	☐ Hives			
	☐ Palpitations	☐ Mole change(s)			
		□ Rash			
5.	GASTROINTESTINAL	☐ Skin lesion			
	☐ Abdominal pain	11. MUSCULOSKELETAL			
	☐ Blood in stool	☐ Back pain			
	□ Constipation	☐ Joint pain			
	□ Diarrhea	☐ Joint swelling			
	☐ Heartburn	□ Neck pain			
	☐ Loss of appetite	- Neek pain			
	□ Nausea	12. HEMATOLOGIC			
	□ Vomiting	Easily bleeds			
_		☐ Easily bruises			
6.	GENITOURINARY	□ Lymphedema			
	□ Painful urination (Dysuria)	\square Issues with blood clots			
	☐ Excessive amount of urine (Polyuria)	13. IMMUNOLOGIC			
	☐ Urinary frequency	☐ Food allergies			
		☐ Seasonal allergies			