



Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Review of Systems

Circle Yes or No

#### **Constitutional Symptoms**

Activity change Yes / No  
Appetite change Yes / No  
Diaphoresis/sweating Yes / No  
Fatigue Yes / No  
Fever Yes / No  
Unexpected weight loss Yes / No  
Unexpected weight gain Yes / No

#### **Head, Ears, Eyes, Nose and Throat**

Congestion Yes / No  
Dental problems Yes / No  
Drooling Yes / No  
Ear discharge Yes / No  
Ear pain Yes / No  
Facial swelling Yes / No  
Hearing loss Yes / No  
Nose bleeds Yes / No  
Sinus pain Yes / No  
Tinnitus (ringing/buzzing in ears) Yes / No  
Trouble swallowing Yes / No  
Blurred or double vision Yes / No  
Vomiting Yes / No

#### **Genitourinary**

Difficulty urinating Yes / No  
Flank pain Yes / No  
Hematuria (blood in urine) Yes / No  
Menstrual problems Yes / No  
Pelvic Pain Yes / No

#### **Musculoskeletal**

Joint pain Yes / No  
Back pain Yes / No  
Trouble walking Yes / No  
Joint swelling Yes / No  
Joint stiffness Yes / No  
Muscle cramps Yes / No  
Muscle aches Yes / No  
Neck pain Yes / No  
Neck stiffness Yes / No

#### **Respiratory**

Chest tightness Yes / No  
Choking Yes / No  
Cough Yes / No  
Shortness of breath Yes / No  
Wheezing Yes / No

#### **Cardiovascular**

Hypertension Yes / No  
Chest Pain Yes / No  
Swelling of feet, ankles, or hands Yes / No  
Palpitations Yes / No

#### **Gastrointestinal**

Abdominal pain Yes / No  
Change in bowel movements Yes / No  
Constipation Yes / No  
Diarrhea Yes / No  
Nausea Yes / No

#### **Neurological**

Dizziness Yes / No  
Facial asymmetry Yes / No  
Headaches Yes / No  
Ligh-headedness Yes / No  
Numbness or tingling Yes / No  
Seizures Yes / No  
Speech difficulty Yes / No  
Syncope (fainting) Yes / No  
Tremors Yes / No  
Weakness Yes / No

#### **Hematologic (deals with blood)**

Bruise easily Yes / No  
Anemia Yes / No  
Swollen lymph nodes Yes / No

#### **Psychiatric**

Confusion Yes / No  
Decreased concentration Yes / No  
Hyperactive Yes / No  
Nervous/Anxious Yes / No  
Depression Yes / No  
Self-injury Yes / No  
Suicidal ideas Yes / No  
Sleep disturbance Yes / No