

Review of Systems

Today, do you have any problems in the following areas?

1. Eyes

- Sudden loss or change in vision
- Burning or itching; excessive tearing
- Redness
- Discharge
- Swelling of lid or growth

2. Constitutional

- Fever
- Weight loss
- Weight gain
- Night sweats
- Are you feeling well today? yes or no

3. Ears, nose, mouth and throat

- Sinus pressure/congestion
- Hearing loss
- Dry mouth
- Nose bleeds

4. Cardiovascular

- Chest pain
- Shortness of breath
- Exercise intolerance
- Dependent ankle swelling

5. Respiratory

- Cough sputum, blood
- Wheezing
- Shortness of breath

6. Gastrointestinal

- Nausea/vomiting
- Diarrhea
- Abdominal pain
- Bloody stools

7. Genitourinary

- Trouble controlling urination
- Blood in urine
- Pain with urination
- Difficulty emptying

8. Integumentary

- Rash non/pruritic
- Excessive dryness
- Discoloration
- Bumps or nodules

9. Neurological

- Headache
- Loss of balance
- Weakness
- Seizures

10. Musculoskeletal

- Arthritis
- Pain or swelling
- Loss of range of motion

11. Hematologic/lymphatic

- Increased frequency of infections
- Non-healing wounds
- Excessive bleeding
- Excessive clottings

12. Psychiatric

- Depression
- Anxiety
- Difficulty sleeping

13. Endocrine

- Increased urination or thirst
- Palpitations
- Anxiety
- Weight loss or weight gain

14. Allergic/immunologic

- Allergies to new medicines/foods/clothing
- Hay fever
- Seasonal
- Environmental
- Allergic to latex or adhesives

Please list all allergies to medications and side effects.

Signature of Patient: _____

Signature of Doctor: _____