REVIEW OF SYSTEMS

Patient Name:_____Date of Birth_____

What are we seeing you for today? _____

_____

Constitutional Systems	**YES**	**NO**
Fever or chills	☐	☐
Excessive Weight loss or gain	☐	☐
Fatigue	☐	☐

Skin		
Rashes or color changes	☐	☐
Itching or dryness	☐	☐
Hair or nail changes	☐	☐
Changing Moles	☐	☐

Eyes		
Loss of vision	☐	☐
Distorted vision or haloes	☐	☐
Fluctuating vision	☐	☐
Eye pain or soreness	☐	☐

Ears, Nose, Mouth, Throat		
Hearing difficulty	☐	☐
Ringing or dizziness	☐	☐
Sinus congestion	☐	☐
Runny nose / post-nasal drip	☐	☐
Nose bleeds	☐	☐
Dryness/hoarseness	☐	☐

Cardiovascular		
Chest pains or palpitations	☐	☐
Other_____		

Respiratory		
Cough	☐	☐
Shortness of breath	☐	☐

Endocrine		
Heat or cold intolerance	☐	☐
Excessive thirst or hunger	☐	☐

Gastrointestinal	**Yes**	**NO**
Swallowing difficulty	☐	☐
Vomiting/heartburn	☐	☐
Constipation/diarrhea	☐	☐
Nausea/vomiting	☐	☐

Genito-urinary		
Urinary frequency	☐	☐
Urinary pain or blood	☐	☐
Males:		
Discharge, lesions or masses	☐	☐
Females:		
Currently pregnant	☐	☐
Breast masses or discharge	☐	☐
Vaginal bleeding / discharge	☐	☐
Pelvic pain	☐	☐

Musculosketetal		
Joint pain, swelling, redness	☐	☐
Muscle pain or cramps	☐	☐

Neurological		
Headaches/ migraines	☐	☐
Numbness or tingling	☐	☐
Weakness or paralysis	☐	☐
Fainting or blackouts	☐	☐
Slurred speech	☐	☐

Psychiatric		
Anxiety	☐	☐
Depression	☐	☐
Other_____		

Hematological/Lymphatics/Immunology		
Easy bruising/bleeding	☐	☐
Blood transfusions	☐	☐
Swollen lymph nodes	☐	☐

OTHER SYMPTOMS NOT LISTED ABOVE:

DATE_____

Reviewed by: Dr. Darnell Martin-Wimmer