

# REVIEW OF SYSTEMS

Check those that apply to you.

## General/Constitutional

Weight Change \_\_\_\_\_  
Pain \_\_\_\_\_  
Difficulty Sleeping \_\_\_\_\_  
Night Sweats \_\_\_\_\_  
Fever \_\_\_\_\_  
Fatigue \_\_\_\_\_

## If Yes, Please Explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Psychiatric

Depression \_\_\_\_\_  
Frequent Crying \_\_\_\_\_  
Memory Loss \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

## Integumentary

Bruising \_\_\_\_\_  
Dryness \_\_\_\_\_  
Itching \_\_\_\_\_  
Skin Lump / Mass \_\_\_\_\_  
Mole Changes \_\_\_\_\_  
Rash \_\_\_\_\_  
Hair Changes \_\_\_\_\_  
Breast Changes \_\_\_\_\_  
Breast Lump / Mass \_\_\_\_\_  
Breast Pain \_\_\_\_\_  
Nipple Discharge \_\_\_\_\_  
Dimpling / Puckering of Breast \_\_\_\_\_  
Changes in Breast Symmetry \_\_\_\_\_

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## Endocrine

Heat/Cold Intolerance \_\_\_\_\_  
Hair Loss \_\_\_\_\_  
Excessive Hair Growth \_\_\_\_\_

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## Hematologic / Lymphatic

Easy Bleeding or Bruising \_\_\_\_\_  
Anemia \_\_\_\_\_  
Swollen Glands \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

## HEENT

Vision Problems \_\_\_\_\_  
Ear Problems \_\_\_\_\_  
Sinus Problems \_\_\_\_\_  
Nose Bleeds \_\_\_\_\_  
Mouth or Teeth Problems \_\_\_\_\_  
Difficulty Swallowing \_\_\_\_\_  
Frequent Sore Throats \_\_\_\_\_

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## Cardiovascular/Respiratory

Chest Pain \_\_\_\_\_  
Shortness of Breath \_\_\_\_\_  
Palpitations \_\_\_\_\_  
Wheezing \_\_\_\_\_  
Cough \_\_\_\_\_

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# REVIEW OF SYSTEMS

Check those that apply to you.

## Gastrointestinal

Abdominal Pain	_____	_____
Nausea	_____	_____
Losing Control of Bowels	_____	_____
Constipation	_____	_____
Diarrhea	_____	_____
Blood in Stool	_____	_____

## Genitourinary

Genuine Stress Incontinence	_____	_____
Urge Incontinence of Urine	_____	_____
Losing Control of Urine	_____	_____
Urinary Urgency	_____	_____
Night Time Urination	_____	_____
Frequent Urination	_____	_____
Blood in Urine	_____	_____
Genital Sores	_____	_____
Pelvic Pain	_____	_____
Lumps or Growths	_____	_____
Itching	_____	_____
Odor	_____	_____
Vaginal Discharge	_____	_____
Vaginal Bleeding / Spotting	_____	_____
Pain w/Intercourse	_____	_____

## Musculoskeletal

Joint Pain	_____	_____
Muscle Pain	_____	_____
Neck Pain	_____	_____
Back Pain	_____	_____
Difficulty Walking	_____	_____

## Neurological

Headaches	_____	_____
Migraines	_____	_____
Seizures	_____	_____
Dizziness Upon Standing	_____	_____
Vertigo	_____	_____
Ringing in the Ears	_____	_____
Weakness / Numbness in Arm	_____	_____
Weakness / Numbness in Leg	_____	_____
Numbness / Tingling	_____	_____
Difficulty Walking	_____	_____
_____	_____	_____