

Name: _____ Today's date: _____

REVIEW OF SYSTEMS

In each area if you are experiencing any of the symptoms listed, PLEASE CIRCLE THE ONES THAT APPLY, or explain any that may not be listed. If you have any questions about this, please ask the medical assistant, or your doctor.

General Health: Fever, chills, fatigue, weakness. Other: _____

Eyes: Vision loss 1 eye, double vision, vision loss both eyes, blurring, light sensitivity, macular degeneration. Other: _____

Ear/Nose/Throat: Ringing in ears, ear discharge, bleeding, earache, decreased hearing, ear itching. Other: _____

Cardiovascular: Near fainting, chest pain or discomfort, racing/skipping heart beats, light headedness, palpitations, fainting. Other: _____

Respiration: Sleep disturbances due to breathing, shortness of breath, chest discomfort, wheezing. Other: _____

Gastrointestinal: Excessive appetite, loss of appetite, indigestion, vomiting blood, nausea, vomiting. Other: _____

Genitourinary: Foul urinary discharge, blood in urine, urinary frequency, urinary urgency, kidney pain. Other: _____

Musculoskeletal: Muscle cramps, joint pain, joint swelling, back pain, stiffness, muscle weakness, arthritis, gout, loss of strength. Other: _____

Dermatology: Night sweats, suspicious lesions, dryness, poor wound healing, unusual hair distribution, skin cancer. Other: _____

Neurological: Difficulty with concentration, poor balance, headaches, disturbances in coordination, numbness, inability to speak, falling down, tingling, visual disturbances seizures, weakness, sensation of room spinning, tremors, fainting, excessive daytime sleeping, memory loss. Other: _____

Psychological: Anxiety, depression. Other: _____

Endocrine: Excessive hunger, cold intolerance, heat intolerance, excessive urination, excessive thirst, weight change. Other: _____

Hematology: Enlarged lymph nodes, bleeding, skin discoloration, abnormal bruising, fevers. Other: _____

Allergy: Persistent infections, hives or rash, seasonal allergies, HIV exposure. Other: _____

Smoking: Never, Some days, Every day (packs per day _____), Former (year quit _____)