<table>
<thead>
<tr>
<th>Review of Systems: Please ☑ Check the items below that you currently have or have experienced recently.</th>
</tr>
</thead>
</table>
| **CONSTITUTIONAL SYMPTOMS** | ☐ Good general health lately  
☐ Recent weight change (gain or loss)  
☐ Fever  
☐ Fatigue or general weakness |
| **EYES / VISION** | ☐ Eye disease or injury  
☐ Wear glasses or contact lenses  
☐ Blurred or double vision  
☐ Glaucoma |
| **EARS**  
**NOSE**  
**MOUTH**  
**& THROAT** | ☐ Hearing loss or ringing in ears  
☐ Earaches or drainage  
☐ Chronic sinus problems or rhinitis  
☐ Nose bleeds  
☐ Mouth sores  
☐ Bleeding gums  
☐ Bad breath or bad taste in mouth  
☐ Sore throat, hoarseness, or voice change  
☐ Difficulty swallowing  
☐ Swollen glands in neck |
| **CARDIOVASCULAR SYSTEM** | ☐ Heart trouble  
☐ Angina pectoris (chest pain, discomfort, or tightness)  
☐ Palpitations (irregular or forceful heart beats)  
☐ Shortness of breath with walking or lying flat  
☐ Swelling of feet, ankles, or hands |
| **RESPIRATORY SYSTEM** | ☐ Chronic or frequent coughing  
☐ Spitting up blood  
☐ Shortness of breath  
☐ Asthma or wheezing  
☐ Coughing up mucous |
| **GASTROINTESTINAL SYSTEM** | ☐ Loss of appetite  
☐ Change in bowel movements  
☐ Nausea or vomiting  
☐ Frequent diarrhea  
☐ Painful bowel movements or constipation  
☐ Rectal bleeding or blood in stool  
☐ Abdominal pain  
☐ Peptic ulcer (stomach or duodenal)  
☐ Frequent heart burn |
| **MUSCULOSKELETAL SYSTEM** | ☐ Joint pain, stiffness, or swelling  
☐ Weakness of muscles or joints  
☐ Muscle pain or cramps  
☐ Back or neck pain  
☐ Cold extremities (hands or feet)  
☐ Difficulty walking |
| **PSYCHIATRIC HEALTH** | ☐ Memory loss or confusion  
☐ Nervousness or anxiety  
☐ Depression  
☐ Insomnia  
☐ Difficulty concentrating |
| NEUROLOGICAL SYSTEM | ☐ Frequent or recurring headaches  
☐ Light-headed or dizzy  
☐ Convulsions or seizures  
☐ Numbness or tingling sensations  
☐ Tremors or shaking  
☐ Paralysis  
☐ Stroke  
☐ Head injury  
☐ Poor balance |
| GENITOURINARY SYSTEM | ☐ Frequent urination  
☐ Burning or painful urination  
☐ Blood in urine  
☐ Change in force of strain when urinating  
☐ Incontinence or dribbling  
☐ Kidney stones  
☐ Sexual difficulties  
☐ Genital infections or sexually transmitted disease (STD)  
☐ Male – testicle pain or swelling  
☐ Female – pain with periods  
☐ Female – irregular periods  
☐ Female – vaginal discharge  
☐ Female – number of pregnancies  
☐ Female – number of miscarriages  
☐ Female – date of last Pap smear |
| INTEGUMENTARY SYSTEM (skin, hair, nails) & BREAST HEALTH | ☐ Skin rash or itching  
☐ Changes in skin color  
☐ Boils or blisters  
☐ Skin lesions or moles  
☐ Hair loss or other scalp problems  
☐ Changes in nail growth or condition  
☐ Breast pain  
☐ Breast lump  
☐ Breast discharge |
| ENDOCRINE SYSTEM | ☐ Glandular or hormone problem  
☐ Thyroid disease  
☐ Diabetes (☐ insulin or ☐ non-insulin) check one  
☐ Excessive thirst or urination  
☐ Heat or cold intolerance  
☐ Skin becoming more dry  
☐ Change in hat or glove size |
| HEMATOLOGIC & LYMPHATIC SYSTEMS | ☐ Slow to heal after cuts  
☐ Bleeding or bruising tendency  
☐ Anemia (low red blood cell levels)  
☐ Phlebitis (inflammation of veins) in legs or arms  
☐ Varicose (enlarged or twisted) veins in legs  
☐ Past blood transfusions  
☐ Enlarged glands |
| ALLERGIES | ☐ Penicillin or other antibiotics  
☐ Morphine, Demerol, or other narcotics  
☐ Novocain or other anesthetics  
☐ Aspirin or other pain remedies  
☐ Tetanus antitoxin or other serums  
☐ Iodine, methiolate, or other antiseptics  
☐ Other medications:  
☐ Food allergies:  
☐ Environmental allergies (animals, trees, pollen, etc.):  |

Completed by: ____________________________________________  ☐ Patient  ☐ Parent  ☐ Legal Guardian  ☐ Clinician

Revised 08/03/05  Reviewed by: ____________________________  Date: ___________