

# REVIEW OF SYSTEMS

Please mark ALL THAT APPLY TO YOU

## CONSTITUTIONAL

- Good health lately
- Recent weight change
- Fevers
- Fatigue

## HEAD/EYES/EARS/NOSE/THROAT

- Eye injury
- Glasses, contact lenses
- Blurred or double vision
- Hearing Loss
- Ringing in ears
- Earaches or drainage
- Sinus problems
- Nosebleeds
- Bleeding gums
- Swollen glands in neck

## CARDIOVASCULAR

- Heart trouble
- Type: \_\_\_\_\_
- Chest pains
- Sudden heartbeat changes
- Swelling of feet, ankles, hands

## RESPIRATORY

- Frequent coughing
- Spitting up blood
- Shortness of breath
- Wheezing

## GASTROINTESTINAL

- Loss of appetite
- Nausea or vomiting
- Change in bowel movements
- Frequent diarrhea
- Constipation
- Bowel incontinence
- Painful bowel movements

## GENITOURINARY

- Frequent urination
- Burning or painful urination
- Blood in urine
- Bladder incontinence
- Bladder dribbling
- Sexual difficulty
- Irregular menstrual periods
- Unusual discharge

## MUSCULOSKELETAL

- Joint pain
- Joint stiffness or swelling
- Joint weakness
- Muscle weakness
- Muscle pain or cramps
- Cold extremities
- Difficulty walking

## SKIN

- Rash
- Itching
- Change in skin color
- Change in hair
- Change in nails

## NEUROLOGICAL

- Frequent/recurring headaches
- Blackouts/fainting spells
- Lightheaded or dizzy
- Convulsions/tremors/shaking
- Balance problems
- Numbness/tingling sensations

## ENDOCRINE

- Glandular/hormone problems
- Excessive thirst or urination
- Heat or cold intolerance
- Dry skin

## HEMATOLOGICAL/LYMPHATIC

- Slow to heal after cuts
- Easily bruise or bleed
- Phlebitis
- Past transfusion(s)

## PSYCHIATRIC

- Memory loss/confusion
- Nervousness
- Sleep problems

## MISCELLANEOUS

- Eye disease
- Glaucoma
- High blood pressure
- Pacemaker
- Asthma
- Sleep apnea

- Tuberculosis
- COPD/Emphysema
- Hepatitis; Jaundice
- Stomach ulcers
- Kidney stones
- Stroke
- Head injury
- Seizures
- Thyroid disease
- Diabetes or sugar
- High cholesterol
- Anemia
- History of DVT/blood clot
- Depression
- Bipolar disorder

## OTHER HEALTH ISSUES

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All other systems noted are negative

REVIEWED:

PLEASE SIGN: \_\_\_\_\_

DATE: \_\_\_\_\_