Print in Color or Grayscale Only
Using Adobe Acrobat Reader 8.0 or later

Review of Systems

Please answer every question

PLEASE PRINT PATIENT'S LAST NAME

PLEASE PRINT PATIENT'S FIRST NAME

PATIENT'S DATE OF BIRTH

Month Day Year

Marking Instructions

Please use a # 2 pencil
Fill in the complete oval as shown...

Please mark only the symptoms you CURRENTLY are experiencing.

Mark all that apply ---- if no symptoms, please mark "NONE"

GENERAL

- chills
- fever
- weight loss
- weight gain
- lethargy
- persistent infections
- fatigue
- NONE

EYES

- visual disturbances
- glasses / contacts
- NONE

EAR, NOSE, AND THROAT

- hearing loss
- seasonal allergies
- sinus pain
- sleep apnea
- NONE

CARDIOVASCULAR

- chest pain
- palpitations
- shortness of breath
- difficulty breathing on exertion
- dizziness
- passing out
- swelling in ankles / legs
- pain in legs
- leg pain when walking
- leg cramps
- numbness in legs
- color changes in hands or feet
- non-healing wound or ulcer
- NONE

RESPIRATORY

- wheezing
- difficulty breathing
- difficulty breathing lying flat
- chronic cough
- coughing blood
- NONE

GASTROINTESTINAL

- nausea
- vomiting
- change in bowel habits
- constipation
- chronic diarrhea
- abdominal pain
- indigestion
- bloody stool
- hemorrhoids
- excessive gas
- NONE

GENITOURINARY

- blood in urine
- urinary frequency
- painful urination
- NONE

MUSCULOSKELETAL

- joint pain
- muscle pain
- back pain
- muscle weakness
- NONE

SKIN

- dry skin
- hives
- rash
- skin ulcer
- NONE

NEUROLOGIC

- fainting
- decreased memory
- numbness
- trouble walking
- seizures
- headaches
- NONE

PSYCHIATRIC

- change in sleep pattern
- depression
- anxiety
- panic attacks
- NONE

ENDOCRINE

- hair changes
- hot flashes
- cold intolerance
- heat intolerance
- NONE

HEME / LYMPHATIC

- easy bruising
- excessive bleeding
- blood clots
- NONE