



Review of Systems

Do you now have any problems related to the following systems? Circle Yes or No.

Constitutional Symptoms

Fever	Y	N
Chills	Y	N
Sweats	Y	N
Weight Loss	Y	N

Eyes

Blurred Vision	Y	N
Double Vision	Y	N
Loss of Vision	Y	N
Pain	Y	N
Other: _____		

Allergic/Immunologic

Hay Fever	Y	N
Drug Allergies	Y	N
Other: _____		

Neurological

Tremors	Y	N
Dizzy Spells	Y	N
Numbness/Tingling	Y	N
Weakness	Y	N
Imbalance	Y	N
Headache	Y	N
Forgetfulness	Y	N
Other: _____		

Endocrine

Excessive Thirst	Y	N
Too Hot/Too Cold	Y	N
Tired/Sluggish	Y	N

Gastrointestinal

Abdominal Pain	Y	N
Nausea/Vomiting	Y	N
Indigestion/Heartburn	Y	N
Diarrhea	Y	N
Constipation	Y	N

Cardiovascular

Chest Pain	Y	N
Varicose Veins	Y	N
High Blood Pressure	Y	N
Low Blood Pressure	Y	N
Irregular Heartbeat	Y	N
Ankle Swelling	Y	N
Poor Circulation	Y	N
Other: _____		

Integumentary

Skin Rash	Y	N
Bruise Easily	Y	N
Itching	Y	N
Hives	Y	N

Musculoskeletal

Joint Pain	Y	N
Joint Swelling	Y	N
Neck Pain	Y	N
Back Pain	Y	N
Other: _____		

Ear/Nose/Throat/Mouth

Hearing Loss	Y	N
Ringing in the ears	Y	N
Vertigo	Y	N
Sinus/Allergy problems	Y	N
Difficulty Swallowing	Y	N
Hoarseness	Y	N

Genitourinary

Urine Retention	Y	N
Urinary Hesitancy	Y	N
Urinary Frequency	Y	N
Loss of Bladder Control	Y	N
Painful Urination	Y	N

Respiratory

Wheezing	Y	N
Persistent Cough	Y	N
Shortness of Breath	Y	N

Hematologic/Lymphatic

Swollen Glands	Y	N
Blood Clotting Problems	Y	N
Phlebitis	Y	N
Bleeding	Y	N

Psychological

Depression	Y	N
Insomnia	Y	N
Nervous/Anxious	Y	N

Reviewed by _____ (MD Initials)

Date: