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

Review of Systems

Please answer every question.

STAFF: Handwritten responses must be entered **MANUALLY**.

Marking Instructions

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

PLEASE PRINT PATIENT'S LAST NAME

PLEASE PRINT PATIENT'S FIRST NAME

PATIENT'S DATE OF BIRTH

Month Day Year

Please mark only the symptoms you are CURRENTLY experiencing.

Mark all that apply. If no symptoms, please mark "NONE."

Would you say that your health is: good ○ fair ○ poor ○

GENERAL
recent weight loss ○
recent weight gain ○
sweats ○
chills ○
fever ○
chronic fatigue ○
trouble sleeping ○
NONE ○

SKIN
rashes ○
acne ○
scars ○
psoriasis ○
NONE ○

EYES
glaucoma ○
glasses ○
blurred vision ○
contacts ○
cataracts ○
NONE ○

EARS, NOSE AND THROAT
ringing in ears ○
dentures or partial plates ○
dizziness ○
caps (teeth) ○
sore throat or sinus infection (recent) ○
neck lumps / masses ○
loose teeth ○
NONE ○

ENDOCRINE / METABOLIC
excessive thirst ○
urination difficulties ○
hair growth ○
gout ○
NONE ○

ALLERGIES
hay fever ○
hives ○
metal allergy ○
NONE ○

HEART / VASCULAR
chest pain ○
stroke ○
ankle swelling / edema ○
dyspnea (shortness of breath) ○
racing heartbeat ○
hardening of the arteries ○
dropsy (retaining fluids) ○
palpitations ○
irregular heartbeat ○
NONE ○

RESPIRATORY
cold (recent) ○
bronchitis ○
cough ○
wheezing ○
coughing up blood ○
NONE ○

GASTROINTESTINAL
hemorrhoids ○
vomiting / nausea ○
recent gastrointestinal bleeding ○
laxative use / constipation ○
antacid use ○
jaundice ○
change in bowel habits ○
diarrhea ○
tarry (black) stools ○
food allergies / intolerance ○
heartburn ○
pain before or after meals ○
NONE ○

KIDNEY / BLADDER
kidney / bladder infections ○
frequent urination ○
urinating at night ○
incontinence ○
bladder trouble ○
pain / burning with urination ○
strictures / obstruction ○
NONE ○

If you selected 'urinating at night', how many times per night?
1 ○ 2 ○ 3 ○ 4 ○ >4 ○

GYNECOLOGICAL
Could you be pregnant now? yes ○ no ○

BONE MARROW
anemia ○
benzene or other chemical exposure ○
radiation ○
bleeding / bruising tendencies ○
NONE ○

NEUROMUSCULAR
headaches ○
paralysis ○
numbness ○
sciatica ○
visual disturbances ○
stroke ○
convulsions ○
neck pain or injury ○
torn ligaments ○
dizziness ○
forgetfulness ○
gout ○
severe / recurrent sprains ○
pain or cramps when walking ○
black outs ○
back pain ○
trick knees ○
NONE ○

PSYCHIATRIC
nervous breakdown ○
severe anxiety ○
depression ○
suicidal ○
NONE ○

OTHER SYMPTOMS

Please list additional symptoms: _____