

Do not write, stamp, punch holes or affix a sticker in this area.  
To reproduce, follow the printing instructions.  
Do not fold this form.

Direction of Feed

## Review of Systems

Please answer every question

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



PLEASE PRINT PATIENT'S LAST NAME

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PLEASE PRINT PATIENT'S FIRST NAME

MIDDLE INITIAL

PATIENT'S DATE OF BIRTH

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Month Day Year

### Marking Instructions

Please fill in the oval completely

CORRECT:

INCORRECT:

Please mark only the symptoms you are **CURRENTLY** experiencing.

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

#### GENERAL

- fever
- chills
- night sweats
- feeling poorly (malaise)
- feeling tired
- recent weight gain
- recent weight loss
- NONE

#### CARDIOVASCULAR

- heart rate is slow
- heart rate is fast
- cold hands or feet
- chest pain
- palpitations
- limb swelling
- leg cramping
- generalized warmth of skin
- NONE

#### SKIN

- skin rash
- skin lesions
- skin wound
- redness
- itching
- change in a mole
- psoriasis
- change in skin color
- problems with healing wound
- NONE

#### EARS / NOSE / THROAT

- wears hearing aid
- loss of hearing
- difficulty swallowing
- hoarseness
- nose bleeds
- sinus pain
- NONE

#### ENDOCRINE

- excessive thirst
- heat / cold intolerance
- hot flashes
- NONE

#### EYES

- visual disturbances
- vision prescription
- NONE

#### GASTROINTESTINAL

- abdominal pain
- constipation
- difficulty swallowing
- nausea
- diarrhea
- heartburn
- vomiting
- bloody stools
- NONE

#### GENITOURINARY

- painful urination
- incontinence
- pelvic pain
- blood in urine
- kidney disease
- NONE

#### HEMATOLOGIC / LYMPHATIC

- easy bruising
- easy bleeding
- NONE

#### MUSCULOSKELETAL

- joint pain
- muscle pain
- decreased range of motion
- joint swelling
- limb pain
- shooting pain
- joint stiffness / locking
- back pain
- neck pain
- NONE

#### NEUROLOGICAL

- headache
- confusion
- fainting
- numbness
- tingling
- dizziness
- limb weakness
- difficulty walking
- NONE

#### PSYCHIATRIC

- sleep disturbances
- alcohol abuse
- anxiety
- depression
- stress
- emotional problems
- drug abuse
- claustrophobia
- NONE

#### RESPIRATORY

- shortness of breath
- wheezing
- cough
- shortness of breath on exertion
- NONE

#### OTHER SYMPTOMS

please list: \_\_\_\_\_