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 all symptoms you are CURRENTLY experiencing.

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

GENERAL		daytime sleepiness	excessive sweating	
	fever	feeling poorly	recent weight gain _____ lbs.	
	chills	feeling tired	recent weight loss _____ lbs.	**NONE**
EYES	eye pain	eyesight problems	dry eyes	
	red eyes	discharge from eyes	itchy eyes	**NONE**
ENT	earache	nosebleeds	sore throat	
	loss of hearing	nasal discharge	hoarseness	**NONE**
CARDIOVASCULAR			palpitations / skipped beats	
	heart rate is slow	varicose veins	leg pain with walking	
	heart rate is fast	chest pain	leg / foot swelling	**NONE**
RESPIRATORY		asthma / wheezing	short of breath with activity	
	snoring	coughing up blood	difficulty breathing when laying flat	
	shortness of breath	cough	short of breath at night	**NONE**
GASTROINTESTINAL			indigestion	
	abdominal pain	nausea	heartburn	
	vomiting	constipation	bloody / black stools	
	difficulty swallowing	diarrhea	upset stomach	**NONE**
FEMALE GENITOURINARY			painful menstruation	
	pain when urinating	blood in urine	vaginal discharge	
	involuntary urination	pelvic pain	abnormal vaginal bleeding	**NONE**
MALE GENITOURINARY			frequent urination at night	
	pain when urinating	blood in urine	testicular pain	
	involuntary urination	hesitancy	erection difficulty	**NONE**
MUSCULOSKELETAL			joint stiffness	
	muscle aches	knee pain	limb pain	
	muscle weakness	joint pain	limb swelling	
	hip pain	joint swelling	shoulder pain	**NONE**
FEMALE INTEGUMENTARY (SKIN) & BREASTS				
	breast lump	breast pain	itching	
	lesions	unusual growth	dry skin	
	wound	change in a mole	ulcer(s) to lower extremities	**NONE**
MALE INTEGUMENTARY (SKIN) & BREASTS			itching	
	lesions	unusual growth	dry skin	
	wound	change in a mole	ulcer(s) to lower extremities	**NONE**
NEUROLOGICAL		headache	double vision	
	confusion	dizziness	facial or limb weakness	
	seizures / convulsions	fainting	difficulty walking	**NONE**
PSYCHIATRIC	suicidal	anxiety	personality change	
	sleep disturbances	depression	emotional problems	**NONE**
ENDOCRINE		hot flashes	deepened voice	
	bulging eyes	increased thirst	feelings of weakness	**NONE**
HEMATOLOGIC / LYMPHATIC			swollen glands	
	easy bleeding	easy bruising	swollen neck glands	**NONE**

ADDITIONAL SYMPTOMS

Please list any additional symptoms not mentioned above:

_____

_____

(U.S. Patent No. 7,487,102) (U.S. Patent No. 7,941,328)

SAMPLE

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