Print in Color or Grayscale Only

Using Adobe Acrobat Reader 8.0 or later

Review of Systems

Please answer every question

		PLE	EASE	PRI	NT P	ATIE	NT'	S LA	ST N	AME	:
Marking Instructions	210										

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

PLE	EASE	SE PRINT PATIENT'S FIRST NAME PATIENT'S DATE OF BIRTH						1							
												_		_	

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

	iat apply if no symptoms, ple	ease mark NONE	
General			
	weight loss 🔘	fever 🔾	
fatigue 🔾	weight gain	persistent infections	NONE (
_	weight gain	persistent infections	NONL
Eyes			
	visual disturbances 🔵	glasses / contacts 🔘	NONE 🔾
Ear, Nose, and Throat			
	hearing loss 🔘	sinus pain 🔘	
	seasonal allergies	oral ulcers	NONE
Condinuescular	Scasonal anergies	Oral dicers	NONE
Cardiovascular		III. 1 1 1 6 1 6	
	chest pain 🔵	swelling hands / feet 🔘	
difficulty breathing on exertions	palpitations 🔵	shortness of breath	NONE (
Respiratory			
		chronic cough 🔘	
whoozing	difficulty breathing	coughing blood	NONE
wheezing O	difficulty breatfilling	cougning blood	NONE O
Breast			
mass / lump 🔾	breast pain 🔘	nipple discharge 🔘	NONE \bigcirc
Gastrointestinal	·	-	
	constipation	bloody stool 🔾	
	•		
nausea 🔾	chronic diarrhea 🔾	hemorrhoids	
vomiting	abdominal pain 🔵	excessive gas 🔘	
change in bowel habits	jaundice 🔵	heartburn 🔵	
pain with swallowing	fecal incontinence	difficulty swallowing	NONE
Female Genitourinary (Women Only)		<u> </u>	
remaie demitodimary (women omy)		blandin	
		blood in urine	
pelvic pain 🔘	vaginal dryness 🔵	painful urination 🔵	
urinary frequency 🔘	vaginal discharge 🔵	painful menstruation	
urinary urgency	vaginal itch or burning	menstrual irregularities	
excessive urination at night	painful intercourse	urine leakage	NONE
	painful intercourse	utille leakage	NONE
Male Genitourinary (Men Only)			
urine leakage 🔘	urinary frequency	testicular mass 🔘	
painful urination	urinary urgency	testicular pain 🔵	
·	impotence		
change in urinary stream	•	penile lesions	NONE
excessive urination at night	urethral discharge 🔵	blood in urine 🔵	NONE 🔾
Musculoskeletal			
joint pain 🔘	muscle pain 🔵	muscle weakness	NONE
Skin			
	rach C	now sore / lesion	
dry skin	rash	new sore / lesion	
change in wart or mole	hives 🔾	skin ulcer 🔵	NONE O
Neurologic			
fainting	numbness 🔵	seizures 🔘	
decreased memory	trouble walking	headaches 🔾	NONE (
			NOINE
Psychiatric	anxiety 🔾	frequent crying	
change in sleep pattern	depression 🔾	fearful 🔵	NONE O
Endocrine		cold intolerance 🔘	
hair changes	heat intolerance	hot flashes 🔾	NONE
Heme/Lymphatic	near intolerance	not hadnes	.,,,,,
		elevel II	NONE
easy bruising	excessive bleeding	gland problems 🔵	NONE 🔾

