Do not write, stamp, punch holes or affix a sticker in this area.

Direction of Feed

Review of Systems

Please answer every question

To reproduce, follow the printing instructions. Fold only on the dotted lines.

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 you have no symptoms in a category, please mark "NONE".

GENERAL
- chills
- fever
- fatigue
- weight loss
- weight gain
- NONE

EYES
- glasses
- contacts
- double vision
- vision loss (1 eye)
- vision loss (both eyes)
- "halos" around lights
- blurring
- light sensitivity
- discharge
- eye irritation
- eye pain
- NONE

please fold on dotted line

EAR, NOSE AND THROAT
- earache
- deafness
- decreased hearing
- difficulty swallowing
- ringing in ears
- hoarseness
- sinus pain
- NONE

CARDIOVASCULAR
- swelling of hands / feet
- chest pain / discomfort
- leg cramps with exertion
- difficulty breathing lying down
- loss of consciousness
- shortness of breath with exertion
- bluish discoloration of lips / nails
- racing / skipping heartbeats
- NONE

RESPIRATORY
- wheezing
- cough
- sputum in cough
- coughing up blood
- NONE

GASTROINTESTINAL
- gas
- vomiting
- bleeding
- nausea
- excessive appetite
- decreased appetite
- constipation
- abdominal pain
- diarrhea
- dark / tarry stools
- change in bowel habits
- NONE

GENITOURINARY
- pelvic pain
- blood in urine
- urinary urgency
- urinary frequency
- painful urination
- trouble starting urinary stream
- inability to empty bladder
- inability to control bladder
- NONE

MUSCULOSKELETAL
- joint pain
- joint swelling
- muscle spasms
- muscle weakness
- neck pain
- back pain
- right arm pain
- left arm pain
- right leg pain
- left leg pain
- pain with sitting
- pain with standing
- pain with walking
- NONE

please fold on dotted line

NEUROLOGIC
- headaches
- poor balance
- numbness
- tremors
- dizziness
- seizures
- falling down
- fainting
- memory loss
- weakness
- tingling
- problems with coordination
- difficulty concentrating
- sensation of room spinning
- NONE

SKIN
- rash
- bruising
- birthmarks
- NONE

PSYCHIATRIC
- anxiety
- depression
- addiction
- thoughts of suicide
- NONE

HEME / LYMPHATIC
- transfusion
- blood clots
- anemia
- NONE

ALLERGIC / IMMUNOLOGIC
- persistent infections
- seasonal allergies
- HIV exposure
- NONE

SLEEP
- snoring
- daytime sleepiness
- restless leg
- poor sleep
- gasping for breath / stop breathing
- difficulty falling asleep or staying asleep (insomnia)
- NONE

For technical support, please contact PatientLink at ***Support@MyPatientLink.com.***