

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.  
Do not fold this form.

### 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 in a category, please mark "NONE."

#### GENERAL

appetite loss ☐

chills ☐

fatigue ☐

fever ☐

night sweats ☐

weight gain (more than 10 lbs.) ☐

weight loss (more than 10 lbs.) ☐

cold / flu ☐

NONE ☐

please fold on dotted line

#### SKIN

change in wart / mole ☐

new lesions ☐

rash ☐

acne ☐

NONE ☐

#### HEENT

(Head, Eyes, Ears,  
Nose, Throat)

blurred vision ☐

double vision ☐

vision loss ☐

hearing loss ☐

ringing in ears ☐

spinning sensation ☐

nose bleed ☐

sinus pain ☐

sore throat ☐

loose teeth ☐

bleeding gums ☐

difficulty swallowing ☐

NONE ☐

#### NECK

neck pain ☐

swollen glands ☐

NONE ☐

#### RESPIRATORY

chronic cough ☐

difficulty breathing ☐

wheezing ☐

NONE ☐

#### BREAST

breast mass ☐

chest pain ☐

breast pain ☐

nipple discharge ☐

NONE ☐

#### CARDIOVASCULAR

leg pain with exertion ☐

difficulty breathing lying down ☐

difficulty breathing on exertion ☐

heart murmur ☐

palpitations ☐

NONE ☐

#### GASTROINTESTINAL

abdominal pain ☐

black / tarry stool ☐

blood in stool ☐

constipation ☐

diarrhea ☐

heartburn ☐

indigestion ☐

nausea ☐

vomiting ☐

NONE ☐

please fold on dotted line

#### MUSCULOSKELETAL

joint pain ☐

joint redness ☐

joint stiffness ☐

joint swelling ☐

muscle cramps ☐

muscle pain ☐

pain with walking ☐

NONE ☐

#### NEUROLOGICAL

fainting ☐

headaches ☐

stool incontinence ☐

urinary incontinence ☐

numbness ☐

numbness over private areas ☐

seizures ☐

tingling ☐

unusual sensation ☐

urinary retention ☐

overall weakness ☐

weakness in arms / legs ☐

NONE ☐

#### PSYCHIATRIC

anxiety ☐

depression ☐

suicidal thoughts ☐

NONE ☐

#### HEMATOLOGY (Blood)

abnormal bleeding ☐

blood clots ☐

easy bleeding ☐

easy bruising ☐

prolonged bleeding ☐

NONE ☐

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