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

Direction of Feed

Women's Review of Systems

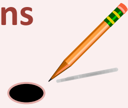
Please answer every question

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."

Category	Symptoms	Symptoms	None
GENERAL	weight loss ◯ weight gain ◯	fever ◯ fatigue ◯ sleep disturbances ◯	NONE ◯
EYES	vision change ◯	glasses ◯ contacts ◯	NONE ◯
EAR, NOSE & THROAT	mouth ulcers ◯	sinusitis ◯ hearing loss ◯	NONE ◯
CARDIOVASCULAR	swelling hands ◯ swelling ankles ◯ shortness of breath on exertion ◯	palpitation ◯ chest pain ◯ difficulty breathing ◯	NONE ◯
RESPIRATORY	shortness of breath ◯ wheezing ◯	cough blood ◯ chronic cough ◯	NONE ◯
BREAST	nipple discharge ◯ breast pain ◯	masses ◯ lumps ◯	NONE ◯
GASTROINTESTINAL	nausea ◯ vomiting ◯ indigestion ◯ difficulty controlling bowel ◯ chronic diarrhea ◯	bloody stool ◯ excessive gas ◯ abdominal pain ◯ constipation ◯ hemorrhoids ◯	NONE ◯
GENITOURINARY	abnormal vaginal discharge ◯ vaginal itching or burning ◯ abnormal periods ◯ painful periods ◯ urinary incontinence ◯ urinary urgency ◯	urinary frequency ◯ pelvic pain ◯ bloody urine ◯ vaginal dryness ◯ painful urination ◯ painful intercourse ◯ abnormal bleeding ◯	NONE ◯
MUSCULOSKELETAL		muscle or joint pain ◯ muscle weakness ◯	NONE ◯
SKIN	dark colored spots or mole ◯ rash ◯	skin ulcers ◯ dry skin ◯	NONE ◯
NEUROLOGIC	severe memory problems ◯ fainting spells ◯	trouble walking ◯ seizures ◯ numbness ◯	NONE ◯
PSYCHIATRIC	severe anxiety ◯	depression ◯ frequent crying ◯	NONE ◯
ENDOCRINE	heat intolerance ◯ cold intolerance ◯ hair loss ◯	hair growth ◯ diabetes ◯ hot flashes ◯	NONE ◯
HEME / LYMPHATIC	glandular disease ◯	easily bruised ◯ excessive bleeding ◯	NONE ◯
ALLERGIC / IMMUNOLOGIC	persistent infections ◯ hives ◯	rash ◯ seasonal allergies ◯	NONE ◯

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SAMPLE

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