Print in Color or Grayscale Only Using Adobe Acrobat Reader 8.0 or later	Review of Systems Please answer every question	_
	PLEASE PRINT PATIENT'S LAST NAME	
Marking Instructions		
Please use a # 2 pencil Fill in the complete oval as shown	PLEASE PRINT PATIENT'S FIRST NAME	PATIENT'S DATE OF BIRTH
		Month Day Year

Please mark only the symptoms you CURRENTLY are experiencing.

Mark all that apply ---- if no symptoms, please mark "NONE"

General		fever 🔿	weight gain 🔘	
General	tiredness 🔵	fatigue 🔾	persistent infections	
	night sweats \bigcirc	weight loss	chills 🔾	
Eyes	headache	blurred vision O	eye pain O	
Lyes	double vision \bigcirc	excessive tearing \bigcirc	glasses/contacts \bigcirc	
Ear, Nose, & Throat		hearing loss	ear discharge O	
	sleep apnea 🥥	seasonal allergies	oral ulcers	
Cardiovascular	chest pain	shortness of breath	swelling hands/feet	
caraiovascalai	calf pain O	palpitations O	elevated blood pressure	
Respiratory				
,	cough 🔵	difficulty breathing 🦳	chronic cough 🔵	
difficulty breath	0	wheezing O	bloody sputum 🔘	
Breast	breast mass 🔿	breast pain 🔾	nipple discharge 🔾	NONE O
Gastrointestinal		constipation O	hemorrhoids 🔾	
	nausea 🔵	chronic diarrhea 🔵	excessive gas 🦳	
	vomiting 🔵	abdominal pain 🔵	indigestion 🔵	
change	in bowel habits	bloody stool 🔵	heartburn 🔵	
Female Genitourinar				
uri	inary frequency 🔘	vaginal itch or burning 🔵	incontinence 🔵	
l	urinary urgency 🔘	painful urination 🔵	pelvic pain 🔵	
ur	ination at night 🔘	absence of menstruation \bigcirc	blood in urine 🔵	
change in	n bladder habits 🔵	menstrual irregularities 🔵	stress incontinence 🔵	
Male Genitourinary	(men only)			
р	ainful urination 🔵	urinary urgency 🔵	testicular pain 🔵	
change in	n bladder habits 🔵	impotence 🔵	blood in urine 🔵	
ur	ination at night 🔵	discharge 🔵	difficulty with erection 🦳	
uri	inary frequency 🔵	testicular mass 🔵	incontinence 🔵	NONE 🔘
Musculoskeletal		joint stiffness 🔵	joint redness 🔵	
		joint swelling 🔵	muscle pain 🔵	
decreased r	ange of motion 🔵	joint pain 🔵	muscle weakness 🔵	
Skin	dryness 🔵	rash 🔵	new sore/lesion 🔵	
	bruising 🔵	hives 🔵	skin ulcer 🔵	NONE 🔵
Neurologic	fainting 🔵	numbness 🔵	trouble walking 🔵	
	reased memory 🔵	incontinence stool 🔵	seizures 🔵	
	s of extremities 🔵	incontinence urine 🔵	headaches 🔵	
Psychiatric	anxiety 🔵	panic attack 🔵	fearful 🔵	
	in sleep pattern 🔘	depression 🔵	hallucinations O	
Endocrine			cold intolerance 🔵	
	hair changes 🔵	heat intolerance 🔵	thyroid problems 🔵	
	essive urination O	excessive thirst 🔵	sexual dysfunction O	
Heme/Lymphatic	anemia 🔵	abnormal bleeding 🦳	blood clots 🥥	
	easy bruising 🔵	excessive bleeding 🦳	prolonged bleeding 🦳	NONE 🔘

