Print in Color or Grayscale Only
Using Adobe Acrobat Reader 8.0 or later

Review of Systems

Please answer every question

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 CURRENTLY are experiencing.

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

General		fatigue	
sweats	weight loss	chills	
fever	weight gain	loss of appetite	NONE
Eyes			
vision loss – one eye	eye pain	double vision	
vision loss – two eyes	eye discharge	frequent tearing	NONE
Ear, Nose, and Throat		nosebleeds	
difficulty swallowing	ear pain	ringing in the ears	
nasal congestion / obstruction	hoarseness	decreased hearing	
sore throat / painful swallowing	ear discharge / drainage	loose or chipped teeth	NONE
Cardiovascular		chest pain	
prior heart attack	heart murmur	abnormal EKG	
shortness of breath with exertion	stroke	heart failure	NONE
Respiratory			
excessive or loud snoring	wheezing	abnormal chest x-ray	
sleep disturbance from breathing	cough	coughing up blood	NONE
Gastrointestinal	acid reflux / heartburn	nausea	
vomiting blood	stomach ulcers	vomiting	
dark tarry stools	hiatal hernia	diarrhea	NONE
Genitourinary		urinary frequency	
painful urination	blood in urine	missed period	
trouble starting urinary stream	bedwetting	I could be pregnant	NONE
Musculoskeletal / Balance			
unsteadiness / imbalance	broken bones	arthritis	
facial fractures / head injury	calf pain with walking	joint pain	NONE
Skin		rash	
keloid or bad scar formation	poor wound healing	suspicious lesions	NONE
Neurologic	fainting	weakness	
headaches	seizures	numbness or tingling	NONE
Psychiatric		anxiety	
thoughts of suicide	thoughts of violence	depression	NONE
Blood / Lymphatics			
diagnosed / exposed to hepatitis B		enlarged lymph nodes	
diagnosed / exposed to hepatitis C		diagnosed / exposed to HIV	
diagnosed / exposed to tuberculosis		abnormal or easy bruising / bleeding	NONE
Endocrine		excessive thirst	
cold intolerance	heat intolerance	excessive urination	NONE
Allergy / Immunology		hives	
prior reaction to anesthesia	autoimmune disease	seasonal allergies	NONE
Other		ADHD	
learning disability	speech delays	behavior problems	NONE