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

First Visit: Mark all symptoms that pertain to you.

Repeat Visit: Mark only the symptoms that you have experienced since your last visit.

Mark all that apply. If no symptoms, please mark "NONE".

GENERAL

- fevers
- appetite loss
- fatigue (always tired)
- chills
- weight loss
- sweats
- "feeling sick"
- NONE

EYES

- vision loss – 1 eye
- vision loss – both eyes
- "halos" around lights
- double vision
- blurring
- discharge
- eye irritation
- eye pain
- light sensitivity
- NONE

EARS / NOSE / THROAT

- ringing in the ears
- decreased hearing
- difficulty swallowing
- ear discharge
- nasal congestion
- hoarseness
- earache
- nosebleeds
- sore throat
- NONE

CARDIOVASCULAR

- difficulty breathing at night
- racing / skipping heartbeats
- shortness of breath with exertion
- difficulty breathing while lying down
- bluish discoloration of lips or nails
- near fainting
- fainting
- palpitations
- fatigue
- weight gain
- chest pain or discomfort
- lightheadedness
- swelling of hands or feet
- leg cramps with exertion
- NONE

RESPIRATORY

- sleep disturbances due to breathing
- coughing up blood
- excessive sputum
- cough
- chest discomfort
- excessive snoring
- shortness of breath
- wheezing
- NONE

GASTROINTESTINAL

- excessive appetite
- vomiting blood
- yellowish skin color
- abdominal bloating
- change in bowel habits
- bloody stools
- loss of appetite
- nausea
- gas
- hemorrhoids
- constipation
- indigestion
- vomiting
- abdominal pain
- diarrhea
- dark tarry stools
- NONE

Licensed Under U.S. Patent Nos. 7,487,102 and 7,941,328 from Willis Technologies, LLC

SAMPLE

Copyright © PatientLink Form 159 (Rev. 1/29/2014)
For technical support, please contact PatientLink at Support@MyPatientLink.com.

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.

GENITOURINARY

- urinary frequency
- kidney pain
- nighttime urination
- lack of sexual drive
- unusual urinary color
- blood in urine
- urinary urgency
- painful urination
- genital sores
- missed periods
- pelvic pain
- foul urinary discharge
- inability to empty bladder
- trouble starting urinary stream
- inability to control bladder
- excessively heavy periods
- other abnormal vaginal bleeding
- NONE

MUSCULOSKELETAL

- joint swelling
- stiffness
- gout
- joint pain
- back pain
- arthritis
- muscle aches
- muscle cramps
- presence of joint fluid
- muscle weakness
- loss of strength
- NONE

SKIN

- suspicious lesions
- poor wound healing
- itching
- rash
- night sweats
- dryness
- skin cancer
- flushing
- excessive perspiration
- changes in nail beds
- unusual hair distribution
- changes in color of skin
- NONE

NEUROLOGIC

- headaches
- inability to speak
- brief paralysis
- weakness
- fainting
- poor balance
- numbness
- tingling
- seizures
- tremors
- memory loss
- difficulty with concentration
- disturbances in coordination
- falling down
- visual disturbances
- sensation of room spinning
- excessive daytime sleeping
- NONE

PSYCHIATRIC

- anxiety
- depression
- difficulty sleeping
- NONE

ENDOCRINE

- heat intolerance
- cold intolerance
- weight change
- excessive thirst
- excessive hunger
- excessive urination
- NONE

HEMATOLOGIC / LYMPHATIC

- skin discoloration
- bleeding
- fevers
- enlarged lymph nodes
- abnormal bruising
- NONE

ALLERGIC / IMMUNOLOGIC

- seasonal allergies
- hives or rash
- persistent infections
- HIV exposure
- NONE

Licensed Under U.S. Patent Nos. 7,487,102 and 7,941,328 from Willis Technologies, LLC

SAMPLE

Copyright © PatientLink Form 159 (Rev. 1/29/2014)
For technical support, please contact PatientLink at ***Support@MyPatientLink.com.***