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

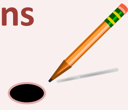
Review of Systems

Please answer every question

To reproduce, follow the printing instructions. Do not fold this form.

Marking Instructions

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"

Section				
General	fatigue	fever	weight loss; weight gain	NONE
Eyes		visual disturbances	glasses / contacts	NONE
Ear, Nose, and Throat	difficulty swallowing; difficulty breathing through nose	hearing loss; seasonal allergies	dentures / partial; hearing aids	NONE
Cardiovascular	chest pain	shortness of breath	palpitations; swelling hands/feet	NONE
Respiratory	oxygen use	difficulty breathing	chronic cough; sleep apnea	NONE
Breast	mass/lump	breast pain	nipple discharge	NONE
Gastrointestinal	nausea; vomiting; change in bowel habits	constipation; chronic diarrhea; abdominal pain	indigestion; bloody stool; hemorrhoids; appetite changes	NONE
Female Genitourinary (Women Only)	urinary frequency; urinary urgency; excessive urination at night	vaginal discharge; blood in urine; pelvic pain	painful urination; menstrual irregularities; urine leakage	NONE
Male Genitourinary (Men Only)	painful urination; change in urinary stream; excessive urination at night	urinary urgency; impotence; urinary frequency	testicular mass; penile lesions; blood in urine	NONE
Musculoskeletal	joint pain	stiffness; muscle pain	finger trigger / catch; muscle weakness	NONE
Skin	dry skin; change in wart or mole	rash; change in lesion	new sore/lesion; skin ulcer	NONE
Neurologic	fainting; decreased memory	numbness; trouble walking	seizures; tremors	NONE
Psychiatric		depression	anxiety	NONE
Endocrine		cold intolerance	heat intolerance	NONE
Heme/Lymphatic		excessive bleeding	easy bruising	NONE
Vascular	cool / cold fingers; varicose veins	bleeding veins; cool / cold toes / foot	swelling / edema hands, arms, legs, feet; cramping / pain in legs at rest; pain in calves when walking	NONE

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SAMPLE

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