Print in Color or Grayscale Only

Marking Instructions

Using Adobe Acrobat Reader 8.0 or later

Please use a #2 pencil.

Fill in the complete oval as shown...

Review of Systems

Please answer every question.

	PLI	EASE	PRI	NT P	ATIE	NT'	S LAS	ST N	AM	Ξ										
111																				
	PLEASE PRINT PATIENT'S FIRST NAME						PATIENT'S DATE OF BIRTH													

Please mark only the symptoms you are **CURRENTLY** experiencing.

iviark all that ap	ply. If no symptoms in a categor	ry, please mark "NONE"	
General	weight loss 🔾	fatigue 🔘	
fever 🔘	weight gain 🔵	persistent infections	NONE
Eyes		visual disturbances	
		glasses/contacts 🔘	NONE \bigcirc
Ear, Nose, and Throat		sinus pain 🔘	
hearing loss	seasonal allergies 🔵	oral ulcers 🔘	NONE _
	please fold on dotted line		
Cardiovascular			
lien in the state of the state	shortness of breath	chest pain 🔾	
difficulty breathing on exertions	swelling hands/feet 🔘	palpitations	NONE O
Respiratory		chronic cough O	
difficulty breathing	wheezing	coughing blood 🔵	NONE O
Breast			NONE
mass / lump	breast pain 🔾	nipple discharge	NONE O
Gastrointestinal		indigestion O	
nausea	constipation	bloody stool	
vomiting O	chronic diarrhea	hemorrhoids O	NONE
change in bowel habits	abdominal pain O	excessive gas	NONE O
FEMALE Genitourinary (Women Only) blood in urine		pelvic pain	
	vaginal dryness	painful urination	
urinary frequency	vaginal discharge	painful menstruation	
urinary urgency	vaginal itch or burning	menstrual irregularities	NONE
excessive urination at night MALE Genitourinary (Men Only)	painful intercourse	urine leakage 🔾	NONE O
urine leakage	urinary frequency	testicular mass	
painful urination	urinary urgency	testicular pain	
change in urinary stream	impotence	penile lesions	
excessive urination at night	urethral discharge	blood in urine	NONE
excessive diffiation at hight	dietiral discharge	blood iii driile	NONE
	please fold on dotted line		
	predate join on docted inite		
Musculoskeletal			
muscle pain 🔘	joint pain 🔵	muscle weakness	NONE
Skin			
dry skin 🔘	rash 🔾	new sore/lesion	
change in wart or mole 🔘	hives 🔾	skin ulcer 🔵	NONE
Neurologic			
fainting 🔵	numbness 🔵	seizures 🔵	
decreased memory	trouble walking 🔘	headaches 🔵	NONE _
Psychiatric	frequent crying 🔘	fearful 🔵	
change in sleep pattern 🔘	depression 🔵	anxiety 🔵	NONE
Endocrine		cold intolerance 🔵	
hair changes 🔾	hot flashes 🔾	heat intolerance 🔵	NONE 🔾
Heme/Lymphatic			
easy bruising 🔾	excessive bleeding	gland problems 🔘	NONE

