Print in Color or Grayscale Only

Using Adobe Acrobat Reader 8.0 or later

Marking Instructions

Please use a #2 pencil.

Fill in the complete oval as shown...

Review of Systems

Please answer every question.

	PLI	EASE	PRI	MT P	ATIE	NT'	S LA	ST N	AMI	E										
•																				
	PLEASE PRINT PATIENT'S FIRST NAME							PATIENT'S DATE OF BIRTH												

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

Mark all that apply. If you have no symptoms in a category, please mark "NONE."

Company			weight loss (
General	fovor	fatigue		NONE
	fever O	fatigue 🔾	weight gain (NONE O
Eyes		visual disturbances	glasses/contacts (O NONE
Lyes		visual disturbances	glasses/contacts	
Ear, Nose and Thro	hearing loss	sinus pain 🔾	oral ulcers	O NONE
,	0			
Cardiovascular		chest pain 🔘	palpitations (\supset
difficulty l	breathing on exertions \bigcirc	shortness of breath	swelling hands/feet	O NONE
Respiratory			chronic cough	\bigcirc
	wheezing 🔾	difficulty breathing 🔵	coughing blood	NONE O
Breast		breast pain 🔵	nipple discharge	O NONE
Controlistantinal			to discount of	
Gastrointestinal	nausas 🔘	constinution	indigestion (
	nausea O	constipation Chronic diarrhea	bloody stool	
	vomiting O		hemorrhoids (
	thange in bower habits	abdominal pain	excessive gas (NONE O
Female Genitourin	ary (Women Only)	vaginal dryness	painful menstruation (
remaie demitourm	ary (women omy)	vaginal discharge	vaginal bleeding	
	urinary urgency	vaginal itch or burning	urine leakage	
	urinary frequency	painful intercourse	pelvic pain	
ovcor	ssive urination at night	painful urination	blood in urine	NONE
exce:	ssive diffiation at hight	pairiful diffiation	blood in drine	
Male Genitourinar	v (Men Only)		testicular mass (
Wide Comeourna	y (men emy)	urinary frequency	testicular pain	
	painful urination	urinary urgency	penile lesions	$\overline{}$
ch	ange in urinary stream	impotence	blood in urine	$\overline{}$
	ssive urination at night	urethral discharge	urine leakage	O NONE
CAUCA	serve armation at mane	areamaransanarBe	a.me ieunage	
Musculoskeletal	joint pain 🔘	muscle pain 🔘	muscle weakness	O NONE
	, , ,			
Skin	dry skin 🔘	rash 🔘	hives	NONE O
Neurologic	fainting 🔘	numbness 🔘	seizures 🤇	\supset
	decreased memory	trouble walking 🔘	headaches	O NONE
Psychiatric		anxiety 🔵	depression (NONE
Endocrine			cold intolerance	
	hair changes 🔾	hot flashes 🔵	heat intolerance (O NONE
10 10 10				
Heme/Lymphatic		easy bruising 🔘	excessive bleeding	NONE

