



REVIEW OF SYSTEMS

Patient Name: _____

Constitutional Systems

- Fever No Yes
- Weight loss or gain No Yes
- Fatigue No Yes

Additional information:

Skin

- Rashes No Yes
- Itching or dryness No Yes
- New growths No Yes
- Changing moles No Yes
- Hair or nail changes No Yes

Additional information:

Eyes

- Loss of vision No Yes
- Fluctuating vision No Yes
- Eye pain or soreness No Yes

Additional information:

Ears, Nose, Mouth, Throat

- Ringing or dizziness No Yes
- Sinus congestion No Yes
- Nosebleeds No Yes
- Dryness or hoarseness No Yes

Additional information:

Cardiovascular

- Chest pain or palpitations No Yes
- Swollen ankles No Yes
- Valve disorder No Yes

Additional information:

Other symptoms not listed above: _____

Respiratory

- Cough No Yes
- Shortness of breath No Yes
- Wheezing No Yes

Additional information:

Gastrointestinal

- Swallowing difficulty No Yes
- Vomiting or heartburn No Yes

Additional information:

Musculoskeletal

- Joint pain, swelling, redness No Yes
- Muscle pain or cramps No Yes

Additional information:

Neurological

- Headaches No Yes
- Numbness or tingling No Yes
- Weakness or paralysis No Yes

Additional information:

Psychiatric

- Anxiety No Yes
- Depression No Yes

Additional information:

Hematology/ Lymphatics/ Immunology

- Easy bruising or bleeding No Yes
- Blood transfusions No Yes
- Lumps on glands No Yes

Additional information:

