

Name: _____

Date: _____

Review of Systems Checklist

Are you *currently* experiencing any of these symptoms (Check all that apply)

Respiratory

- Spitting up blood
- Shortness of breath
- Asthma or wheezing
- Frequent coughing
- None in this category

Women Only:

- Irregular periods
- Painful periods
- Vaginal discharge
- None in this category
- Date of last menstrual period: _____

Eyes and vision

- Wear glasses/contact lenses
- Blurred or double vision
- Glaucoma
- Eye disease or injury
- None in this category

Gastrointestinal

- Stomach pain
- Blood in stool
- Change in bowel movements
- Nausea or vomiting
- Frequent diarrhea
- Constipation
- Painful bowel movements
- Loss of appetite
- None in this category

Neurological

- Frequent or recurrent headaches
- Light headed or dizzy
- Convulsions or seizures
- Numbness or tingling sensations
- Tremors
- Stroke
- Have you ever had a head injury?
- Have you ever been in a auto accident?
- None in this category

Endocrine

- Thyroid problems
- Diabetes
- Heat or cold intolerance
- Dry skin
- Glandular or hormone problem
- None in this category

Skin and breasts

- Rash and itching
- Change in skin color
- Change in hair or nails
- Nonhealing sores
- Change in appearance of a mole
- Breast pain
- Breast lump
- Breast discharge
- None in this category

Genitourinary

- Sexual difficulty
- Kidney stones
- Burning or painful urination
- Blood in urine
- Change in force or strain with urination
- Incontinence or dribbling
- Frequent urination
- None in this category

Musculoskeletal

- Joint stiffness or swelling
- Weakness of muscles/joints
- Muscle pain or cramps
- Muscle weakness
- Neck/Joint pain
- Upper or mid back pain
- Low back pain
- Difficulty in walking
- None in this category

Mind/Stress

- Nervousness
- Depression
- Sleep Problems
- Memory loss or confusion
- None in this category

Hematologic/Lymphatic

- Swollen glands
- Easily bruise or bleed
- Anemia
- Phlebitis
- Transfusion
- Slow to heal after cuts
- None in this category

Ears, Nose, Throat

- Bleeding gums
- Bad breath or bad taste
- Sore throat or voice change
- Swollen glands in neck
- Mouth sores
- Ringing in the ears
- Earaches or drainage
- Sinus problems
- Nose bleeds
- Hearing loss
- None in this category

Heart and Cardiovascular

- Chest pains
- Sudden heartbeat changes
- Swelling of feet, ankles, hands
- Heart trouble
- None in this category

General (constitutional)

- Recent weight change
- Fever
- Fatigue
- None in this category

Medical & Family History

Please list any past surgeries or hospitalizations

Please list any prescription medications you currently take:

Do you have any allergies (environmental, food, medications, latex, other):

Is there a family history of cancer or other disease? If yes, please list: