

REVIEW OF SYSTEMS

Patient _____

Date _____

CONSTITUTIONAL SYMPTOMS

- YES NO Change in general health
YES NO Change in strength
YES NO Fever
YES NO Weight loss

CARDIOVASCULAR

- YES NO Pain in chest
YES NO Palpitations
YES NO Shortness of breath
YES NO Difficulty breathing lying down
YES NO Swelling in the ankles

RESPIRATORY

- YES NO Cough
YES NO Spitting up of blood

GASTROINTESTINAL

- YES NO Change in appetite
YES NO Heartburn
YES NO Nausea
YES NO Vomiting
YES NO Vomiting blood
YES NO Jaundice
YES NO Dark urine

GENITOURINARY

- YES NO Pain on urination
YES NO Change in frequency of urination
YES NO Blood in urine

NEUROLOGIC

- YES NO Insomnia
YES NO Convulsions
YES NO Weakness
YES NO Change in memory

PSYCHIATRIC

- YES NO Any change in mood
YES NO Depression
YES NO Anxiety

ENDOCRINE

- YES NO Enlargement of thyroid
YES NO Heat or cold intolerance
YES NO Changes in the hair
YES NO Breast nodules

HEMATOLOGIC/LYMPHATIC

- YES NO Easy bruising or bleeding
YES NO Anemia
YES NO Swelling of the lymph glands

SKIN

- YES NO Abnormal moles
YES NO Bleeding
YES NO Skin lesions
YES NO Skin cancers
YES NO Breast lumps
YES NO Rash
YES NO Eruptions
YES NO Itching
YES NO Pigmentation or loss of pigmentation
YES NO Sweating
YES NO Alteration in hair or nails
YES NO Abnormal scarring or keloids
YES NO Cold sores