

Review of Systems

Please check all applicable symptoms

General/Constitutional:

- None
 Fever Weight loss Weight gain Fatigue

Skin:

- None
 Rash Excessive hair growth or loss Nail changes

Breast:

- None
 Breast lumps Tenderness Swelling Nipple discharge

Eyes/Ears/Nose/Mouth/Throat:

- None
 Headaches Vertigo/dizziness Vision changes Hoarseness
 Neck stiffness/pain Thyroid disease Double vision

Cardiovascular:

- None
 Chest pain Palpitations Murmurs Heart surgery Leg swelling

Respiratory:

- None
 Shortness of breath Wheezing Cough Infections

Gastrointestinal:

- None
 Loss of appetite Abdominal pain Heartburn Nausea Vomiting Jaundice
 Constipation Diarrhea Abnormal stools Liver disease Difficulty swallowing

Genitourinary:

- None
 Urinary incontinence Kidney/bladder infections Penile discharge
 Frequent/increased urination Blood in urine Difficulty urinating

Women only:

- Age of onset of menses _____ Irregular menses Regular menses
 Abnormal uterine bleeding Number of pregnancies _____ Miscarriages _____
 Currently pregnant Abnormal PAP smear/malignancy Vaginal discharge

Musculoskeletal:

- None
 Joint pain Muscle weakness/tenderness Fractures Low back pain

Neurologic/Psychiatric:

- None Numbness/paralysis Seizures Strokes
 Depression/anxiety Psychiatric conditions Difficulty sleeping

Hematologic/blood disorders:

- None
 Excessive bleeding/abnormal bruising

Patient Signature _____

Reviewing Physician _____