

Pt. # \_\_\_\_\_

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

### REVIEW OF SYSTEMS

Please **CHECK** the symptoms you are currently experiencing and leave blank the symptoms you are not experiencing.

#### GENERAL

Feel tired/fatigued \_\_\_\_\_

Weight change \_\_\_\_\_

    Increase – how much \_\_\_\_\_

    Decrease- how much \_\_\_\_\_

#### EYES

Drooping eyelid(s) \_\_\_\_\_

Vision correction \_\_\_\_\_

    wear contacts \_\_\_\_\_

    wear corrective lens \_\_\_\_\_

Vision difficulties \_\_\_\_\_

    Double vision \_\_\_\_\_

    Blurred vision \_\_\_\_\_

    Loss of vision \_\_\_\_\_

#### EARS

Difficulty understanding speech \_\_\_\_\_

Feel fullness in one or both ears \_\_\_\_\_

Hearing loss \_\_\_\_\_

High sensitivity to loud noise \_\_\_\_\_

Ring of ears/Tinnitus \_\_\_\_\_

Dizziness/Vertigo \_\_\_\_\_

#### NOSE

Bleeding \_\_\_\_\_

Blockage \_\_\_\_\_

#### MOUTH

Dry mouth \_\_\_\_\_

Bad taste \_\_\_\_\_

Problem with tasting food \_\_\_\_\_

#### THROAT

Trouble with swallowing \_\_\_\_\_

#### RESPIRATORY

Asthma \_\_\_\_\_

Cough \_\_\_\_\_

    With blood \_\_\_\_\_

Emphysema \_\_\_\_\_

Shortness of breath \_\_\_\_\_

**CARDIAC**

**Chest pain while resting** \_\_\_\_\_  
Please circle  
**mild   moderate   severe**

**Chest pain while exercising** \_\_\_\_\_  
Please circle  
**mild   moderate   severe**

**Feet swelling/Edema** \_\_\_\_\_

**Heart trouble** \_\_\_\_\_

**High blood pressure** \_\_\_\_\_

**Heart racing or beating fast/Palpitation** \_\_\_\_\_  
**mild   moderate   severe**

**GI**

**Abdominal pain** \_\_\_\_\_

**Change in bowel habits** \_\_\_\_\_

**Constipation** \_\_\_\_\_

**Diarrhea** \_\_\_\_\_

**Hepatitis** \_\_\_\_\_

**Heart Burn** \_\_\_\_\_

**Nausea** \_\_\_\_\_

**Sour taste in the mouth** \_\_\_\_\_

**Stools** \_\_\_\_\_

**black tarry** \_\_\_\_\_

**bloody** \_\_\_\_\_

**Vomiting** \_\_\_\_\_

**GENITOURINARY**

**Painful urination/Dysuria** \_\_\_\_\_

**Blood in urine/Hematuria** \_\_\_\_\_

**MUSCULOSKELETAL**

**Joints pain** \_\_\_\_\_

**Arthritis** \_\_\_\_\_

**Backache** \_\_\_\_\_

**degenerative joint disease** \_\_\_\_\_

**Muscles** \_\_\_\_\_

**Weakness** \_\_\_\_\_

**NEUROLOGICAL**

**Abnormality of gait (walk)** \_\_\_\_\_

**Trouble walking** \_\_\_\_\_

**difficulty running** \_\_\_\_\_

**frequent falls** \_\_\_\_\_

**limp** \_\_\_\_\_

**shuffling** \_\_\_\_\_

**wobbly and unsteady** \_\_\_\_\_

**Balance** \_\_\_\_\_

**Blackouts** \_\_\_\_\_

**Changes in thought pattern** \_\_\_\_\_

**racing thoughts** \_\_\_\_\_

**Concentration** \_\_\_\_\_  
**Confused/disoriented** \_\_\_\_\_  
**Seizures/Convulsions** \_\_\_\_\_  
     generalized with a high fever \_\_\_\_\_  
     recurring for a long time \_\_\_\_\_  
     single \_\_\_\_\_  
**Coordination** \_\_\_\_\_  
**Decreased consciousness** \_\_\_\_\_  
     Drowsiness during the day \_\_\_\_\_  
     while driving \_\_\_\_\_  
**Dizziness** \_\_\_\_\_  
     bending over \_\_\_\_\_  
     recurrent episodes \_\_\_\_\_  
     rolling over \_\_\_\_\_  
     changes in position \_\_\_\_\_  
**Fainting** \_\_\_\_\_  
**Headache** \_\_\_\_\_  
**Lightheadedness** \_\_\_\_\_  
**Loss of consciousness** \_\_\_\_\_  
**Loss of sensation** \_\_\_\_\_  
**Memory loss** \_\_\_\_\_  
**Numbness** \_\_\_\_\_  
     Please circle the correct location  
     **Left arm   Right arm**  
     **Left leg   Right leg   Face**  
**Weakness** \_\_\_\_\_  
     Please circle the correct location  
     **Left arm   Right arm**  
     **Left leg   Right leg   Face**  
**Speech & language difficulties** \_\_\_\_\_  
     comes and goes \_\_\_\_\_  
     forget words \_\_\_\_\_  
     involuntary speech/voice \_\_\_\_\_  
     slurred \_\_\_\_\_  
     stutter \_\_\_\_\_  
     reading \_\_\_\_\_  
     writing \_\_\_\_\_  
     Staring spells \_\_\_\_\_  
**Tingling** \_\_\_\_\_  
     Please circle the correct location  
     **Left arm   Right arm**  
     **Left leg   Right leg   Face**  
**Tremor** \_\_\_\_\_  
     Please circle the correct location  
     **Left arm   Right arm**  
     **Left leg   Right leg   Face**

**SKIN/CHEST**

**Dry** \_\_\_\_\_  
**Psoriasis** \_\_\_\_\_  
**Rashes** \_\_\_\_\_

**ALLERGIC/IMMUNOLOGIC**

Hay fever \_\_\_\_\_

Immunity disorder \_\_\_\_\_

**HEMATOLOGIC/LYMPHATIC**

Anemia \_\_\_\_\_

**Transfusion**

    past transfusion(s) \_\_\_\_\_

        no reaction \_\_\_\_\_

        with reaction \_\_\_\_\_

**ENDOCRINE**

excessive hunger \_\_\_\_\_

excessive thirst \_\_\_\_\_

excessive sweating \_\_\_\_\_

excessive urination \_\_\_\_\_

temperature intolerance \_\_\_\_\_

thyroid problems \_\_\_\_\_

**PSYCHIATRIC**

change in personality \_\_\_\_\_

depression \_\_\_\_\_

    present \_\_\_\_\_

        alternating with elation \_\_\_\_\_

            comes and goes \_\_\_\_\_

            Suicidal thoughts \_\_\_\_\_

increased nervousness \_\_\_\_\_

sleep disturbances \_\_\_\_\_

    awakening in the middle of the night \_\_\_\_\_

    excessive sleeping \_\_\_\_\_

    insomnia \_\_\_\_\_

        decreased need for sleep \_\_\_\_\_

        difficulty falling asleep \_\_\_\_\_

        early awakening \_\_\_\_\_

        nightmares \_\_\_\_\_

    sleepwalk \_\_\_\_\_

    snoring \_\_\_\_\_

    gasping for air while sleeping \_\_\_\_\_

stress \_\_\_\_\_

tension \_\_\_\_\_