

REVIEW OF SYSTEMS

CONSTITUTIONAL

Fever.....	No	Yes
Chills.....	No	Yes
Fatigue.....	No	Yes

EYES

Changes in vision.....	No	Yes
Blurred vision.....	No	Yes

HENT

Sore throat.....	No	Yes
Nasal congestion.....	No	Yes
Sinus pain.....	No	Yes
Headaches.....	No	Yes

BREAST

Lumps.....	No	Yes
Swelling.....	No	Yes
Tenderness.....	No	Yes
Nipple discharge.....	No	Yes
Additional symptoms.....	No	Yes

CARDIOVASCULAR

Chest pains.....	No	Yes
Cardiac murmurs.....	No	Yes
Irregular heartbeat.....	No	Yes
Painful respiration.....	No	Yes

RESPIRATORY

Wheezing.....	No	Yes
Shortness of breath.....	No	Yes

GASTROINTESTINAL

Loss of appetite.....	No	Yes
Nausea.....	No	Yes
Vomiting.....	No	Yes
Abdominal bloating.....	No	Yes
Diarrhea.....	No	Yes
Constipation.....	No	Yes
Blood in stool.....	No	Yes

GENITO-URINARY

Urgency.....	No	Yes
Frequency of urination.....	No	Yes
Dysuria (painful urination).....	No	Yes
Nocturia (frequent urination at night).....	No	Yes
Incontinence.....	No	Yes
Retention.....	No	Yes
Difficulty voiding.....	No	Yes
Decreased stream.....	No	Yes
Post void dribbling.....	No	Yes
Decreased sex drive.....	No	Yes
Dysmenorrhea (painful periods).....	No	Yes
Vaginal discharge.....	No	Yes
Impotence.....	No	Yes
Scrotal pain.....	No	Yes

NEUROLOGICAL

Numbness or tingling sensation.....	No	Yes
Incoordination.....	No	Yes
Headaches.....	No	Yes
Seizures.....	No	Yes

MUSCULOSKELETAL

Bone pain.....	No	Yes
Back pain.....	No	Yes
Joint pain.....	No	Yes
Muscle pain.....	No	Yes

ENDOCRINE

Excessive urination.....	No	Yes
Excessive thirst.....	No	Yes
Cold intolerance.....	No	Yes
Heat intolerance.....	No	Yes
Weight gain.....	No	Yes
Weight loss.....	No	Yes

PSYCHIATRIC

Anxiety.....	No	Yes
Depression.....	No	Yes
Difficulty sleeping.....	No	Yes

HEMATOLOGY/LYMPHATIC

Easy bleeding.....	No	Yes
Easy bruising.....	No	Yes
Lymph enlargement.....	No	Yes

ALLERGIC-IMMUNOLOGIC

Sinus allergy symptom.....	No	Yes
Allergic dermatitis.....	No	Yes
Frequent illness.....	No	Yes

PATIENT NAME: _____