

Review of Systems



Symptoms causing your problems:

1. Constitutional

☐ Fatigue ☐ Fever ☐ Weakness ☐ Weight Gain ☐ Weight Loss

2. Allergic/Immunologic

☐ Anaphylaxis ☐ Swollen Lymph nodes ☐ Allergic Reaction, specify: _____

3. Eyes

☐ Blurred vision- Left, Right, or Bilateral ☐ Pain/Redness ☐ Itchy ☐ Watery

4. Ear/Nose/Throat

☐ Hoarseness ☐ Smell or Taste changes ☐ Vertigo ☐ Drainage, Nose bleeds
☐ Itching ☐ Snoring ☐ Ringing in ears

5. Respiratory

☐ Persistent Cough ☐ Wheezing ☐ Shortness of breath

6. Cardiovascular

☐ Chest Pain ☐ Palpitation

7. Skin

☐ Itching ☐ Rash ☐ Hives

8. Gastrointestinal

☐ Abdominal pain ☐ Vomiting ☐ Constipation ☐ Diarrhea

9. Genitourinary

☐ Frequent/Urgent urination ☐ Painful urination ☐ Incontinence

10. Musculoskeletal

☐ Pain- Left, Right, or Bilateral ☐ Spasm- Left, Right, or Bilateral
☐ Weakness- Left, Right, or Bilateral

11. Hematologic/Lymphatic

☐ Anemia ☐ Other

12. Neurologic

☐ Dizziness ☐ Headaches ☐ Numbness, Left or Right side ☐ Sleep/Insomnia
☐ Tremor

13. Endocrine

☐ Thyroid, High or Low ☐ Weight loss/gain ☐ Diabetes

14. Psychiatric:

☐ Anxiety ☐ Depression

15. Tobacco Use: *Please select your current level of tobacco use.*

☐ Never smoked ☐ Current, Everyday ☐ Current, Some days ☐ Former Smoker ☐ Unknown