**REVIEW OF SYSTEMS**

Please check off the listed symptoms or problems which **currently apply to you.**

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| --- | --- | --- |
| **General:*** Weakness
* Fatigue
* Unexplained weight loss
* Unexplained weight gain
* Fever
* Chills
* Night sweats
* Change in appetite
* Sleeping problems
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Eyes:*** Double vision
* Glasses
* Loss of vision
* Seeing spots
* Pain
* Tears
* Drainage
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Nose, Mouth and Throat:*** Nose bleeds
* Sores
* Sore throat
* Hoarseness
* Postnasal drip
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Ears:*** Pain
* Discharge
* Ringing
* Hearing loss
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Skin, Hair:*** Color changes
* Itching
* Changing moles
* Rash
* Hair change
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Stomach/Abdomen/Bowels*** Nausea
* Vomiting
* Difficulty swallowing
* Indigestion or gas
* Abdominal pain
* Jaundice
* Diarrhea
* Constipation
* Black stool
* Laxative use
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_
 | **Kidneys and Bladder:*** Urinating more often
* Pain
* Urgency
* Blood in urine
* Loss of control of urine
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Lungs/Heart/Blood Vessels:*** Cough
* Shortness of breath with activity
* Shortness of breath with laying down
* Shortness of breath at night
* Wheezing
* Spitting up blood
* Chest pain
* Heart beating hard
* Heart skipping beats
* Varicose vein pain
* Calves hurt when walking
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Arms and Legs:*** Joint pain or swelling
* Bone pain or swelling
* Muscle pain or swelling
* Muscle weakness
* Morning stiffness
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Endocrine/Glands:*** Goiter
* Heat or cold intolerance
* Change in voice
* Too frequent urination
* Drinking lots of liquids
* Overeating
* Abnormal hair growth
* Problems getting pregnant
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Head/Nervous System:*** Seizures/Convulsions
* Faintness
* Weakness
* Speech difficulty
* Dizziness
* Tremor
* Trouble with walking or falling
* Changes in sensation
* Loss of coordination
* Rapid changes in vision/blind spots
* Numbness
* Tingling
* Headache
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_
 | **Women Only:*** Vaginal Discharge
* Vaginal Itching
* Abnormal Bleeding
* Bleeding after menopause
* Hot flashes/flushing
* Mood swings
* Bleeding after intercourse
* Pain/problems with intercourse
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Breasts:*** Lumps
* Pain
* Discharge
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Men Only:*** Penis Discharge
* Sores on Penis
* Pain or swelling of testicles
* Problems starting urine stream
* Weak urine flow
* Dribbling after urination
* Problems with erections/intercourse
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Other:*** Nervousness
* Numbness around mouth
* Loss of memory
* Crying spells
* Feeling depressed
* Problems sleeping
* Sleeping too much
* Feeling frightened
* Problems due to impulsive behavior
* Marriage or sex problems
* Abuse concerns
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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_