**Systems Review Patient Name: Date:**

**Circle** any conditions that are **presently** causing you a problem.

**Underline** those that have caused you problems in the **past**.

|  |  |  |
| --- | --- | --- |
| **GENERAL SYMPTOMS** | **RESPIRATORY** | **GENITOURINARY** |
| FeverSweatsFaintingSleep disturbanceFatigueNervousnessWeight lossWeight gain | Chronic coughSpitting up phlegmSpitting up bloodChest painWheezingDifficulty breathingAsthma | Frequent urinationPainful urinationBlood in urinePus in urineKidney infectionProstate troubleUncontrollable urine flow |
| **NEUROLOGICAL** | **CARDIOVASCULAR** | **GASTROINTESTINAL** |
| Visual disturbanceDizzinessFaintingConvulsionsHeadacheNumbnessNeuralgia (nerve pain)Poor coordinationWeakness | Rapid beating heartSlow beating heartHigh blood pressureLow blood pressurePain over heartHardening of arteriesSwollen anklesPoor circulationPalpitationsCold hand or feetVaricose veins | Poor appetiteDifficult digestionHeartburnUlcersNauseaVomitingConstipationDiarrheaBlood in stoolGallbladder/jaundiceColitis |
| **EYES, EARS, NOSE, THROAT** | **MUSCLE & JOINT** | **FOR WOMEN ONLY** |
| Eye painDouble visionRinging in earsDeafnessNosebleedsTrouble swallowingHoarsenessSinus infectionNasal drainageEnlarged glands | Neck painLow back painArm painShoulder painLeg painKnee painFoot painPain/numbness down arms or legsPain between shoulders swollen jointsSpinal curvatureArthritisFractures | Painful menstruationHot flashesIrregular cycleCramps or back painVaginal dischargeNipple dischargeLumps in breastMenopausal symptomsBirth control pillsMiscarriagesComplications with pregnancyPregnant? Y / N Week?Other:  |