**REVIEW OF SYSTEMS**

Have you recently (within the past 6 months for new patients or since your last office visit for established patients) experienced any of the following (or similar) symptoms? If so, please check and give details below.

**1. General:** changes in weight-loss or gain, change in appetite, chills, fevers, night sweats, fatigue, lethargy, persistent infections, falls

**2. Skin:** brittle nails, bruising, change in mole/wart, change in skin color, hair loss, hives, itching, skin rash, sore or wound that won't heal, known skin disease,

**3. Head, Eyes, Ears, Nose, and Throat**: head trauma or injury, headaches, bleeding gums, dental issues, difficulty swallowing, hoarseness or other voice changes, blurry vision, loss of vision, dizziness, double vision, dry eyes, itchy or watery eyes, eye pain, glasses, cataracts, glaucoma or other known eye disease, ear infection or discharge, ear pain, hay fever or post nasal drainage, hearing difficulty, hearing aids, ringing or noise in ears, sinus trouble, sore throat, sore tongue or sore mouth, loss of smell, changes in smell.

**4. Neck:** difficulty swallowing, pain, stiffness, swollen glands

**5. Respiratory:** congestion, coughing, coughing up blood, shortness of breath, snoring, bloody or excessive or differently colored sputum, wheezing, asthma, emphysema, COPD, pneumonia, COVID 19

**6. Breasts:** lump, nipple discharge, nipple pain, recent size change, swelling

**7. Cardiovascular:** ankle, leg or hand swelling, chest pain, fainting, high blood pressure, light headedness, palpitations, shortness of breath, known murmur or arrhythmia, high blood pressure, high cholesterol, leg pain while walking

**8. Gastrointestinal:** abdominal pain, black bowel movement, blood in bowel movement, change in bowel pattern, constipation, diarrhea, excessive gas, heartburn, indigestion, nausea, vomiting, blood in vomit, ulcers, jaundice, early satiety or change in appetite, known GI or liver disease

**9. Genitourinary**: abnormal color in urine, blood in urine, absence of menstruation or irregular menstruation, change in urinary stream, difficulties stopping or starting stream, foul odor to urine, frequent urination, recurrent urinary tract infections, hot flashes, urinary incontinence or leakage, painful intercourse, painful menstruation, painful urination, sexual dysfunction, testicular mass, testicular pain, prostate issues, vaginal bleeding, vaginal itching, pregnancy or miscarriage, kidney stones

**10. Musculoskeletal:** broken bones, back pain, decreased range of motion, loss of strength, muscle aches, painful joints, stiffness, swollen joints, weakness, muscle pain, arthritis

**11. Neurological:** fainting spells, blackouts or loss of consciousness, headaches, seizures, memory problems, disorientation, concentration difficulties, speech abnormalities, visual disturbances, weakness, loss of sensation, tingling, numbness, burning sensations, balance difficulties, dizziness, spinning sensations, difficulties walking, facial droop, loss of coordination

**12. Psychiatric:** anxiety, panic attacks change in sleep patterns, depression, insomnia, mood swings/volatility, suicidal thoughts, homicidal thoughts, excessive anger,

**13. Endocrine:** cold intolerance, excessive thirst, heat intolerance, sweating, excessive urination, abnormal flushing, sweating, diabetes, prediabetes, hypoglycemia, thyroid disease, parathyroid disease

**14. Hematology/Lymphatic:** abnormal bleeding, easy bruising, nosebleeds, history of transfusions, anemia, swollen lymph nodes, swollen glands, “thick” blood, iron disorders, history of hematologic disease, history of lymphatic disease

**15. Allergic/Immunologic:**  food allergies/intolerances, environmental allergies and intolerances, known autoimmune disease, known immune disease, persistent infections, illnesses

**16. Recent illnesses, infections, hospitalizations, sick contacts:**

**17. Recent travel**

**18. Recent medication changes:** dosage changes, new medications started, medications stopped, new medication allergies or adverse drug reactions identified, new supplements added, supplements stopped

**19. Dietary restrictions/changes:** special diets (ketogenic, vegetarian, etc), new diets or dietary restrictions

**Details: Please reference using the numbers above and provide further details:**

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Patient signature and date