**REVIEW OF SYSTEMS:**

***\*\*IN THE PAST 2 WEEKS\*\****

**GENERAL**

Pain that prevents restful sleep Y N

Sharp pain waking suddenly from sleep Y N

Fever Y N

Night Sweats Y N

Weight Gain Y N

Weight Loss Y N

Sleep Problems Y N

Fatigue/tiredness Y N

**EENT**

Change in Vision Y N

Headache Y N

Sinus Pain Y N

Dental Malalignment Y N

Trouble Swallowing Y N

Hearing Loss Y N

Jaw Pop/Click Y N

**CARDIOVASCULAR**

Chest pain at rest Y N

Chest pain w/ activity Y N

Chest palpitations Y N

Pain in legs w/activity Y N

**RESPIRATORY**

Shortness of breath at rest Y N

Shortness of breath w/ activity Y N

Chronic Cough Y N

Wheezing Y N

Blood in sputum Y N

Chest pain with deep breath or Y N

Breathing

**GASTROINTESTINAL**

Nausea/Vomiting Y N

Diarrhea Y N

Constipation Y N

Black Stools Y N

Abdominal pain Y N

Heartburn/Indigestion Y N

**GENITOURINARY**

Painful Urination Y N

Loss of Bladder control Y N

Difficulty Voiding Y N

**GENITOURINARY- FEMALE**

Regular Menses Y N

Heavy bleeding w/ menses Y N

Irregular Pap Smear Y N

**MUSCULOSKELETAL**

Painful Joints Y N

Joint Swelling Y N

Muscle weakness Y N

**SKIN**

Excessive dryness Y N

Hair Loss Y N

Non-healing wound Y N

**NEUROLOGICAL/PSYCHIATRIC**

Dizziness Y N

Involuntary motions Y N

Shooting/Radiating Pain Y N

Difficulty w/ memory or speech Y N

Anxious Y N

Chronic Sadness Y N

Numbness, tingling into arms/legs Y N

**ALLERGIC/LYMPHATIC/ENDOCRINE**

Bruise/Bleed easily Y N

Lymph node enlargement Y N

Heat Intolerance Y N

Cold Intolerance Y N

Frequent urination Y N

**OTHER**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IF ANY “yes” PLEASE EXPLAIN BELOW:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_