

REVIEW OF SYSTEMS

PATIENT _____ DOB _____

PLEASE PLACE AN "X" TO THE LEFT OF THE SYMPTOM IF YOU HAVE EXPERIENCED IT IN THE PAST 3 MONTHS.

GENERAL

- FATIGUE
- FEVER
- CHILLS
- WEIGHT LOSS __LBS
- WEIGHT GAIN __ LBS
- SWEATS

HEENT

- HEADACHES
- DIZZINESS OR VERTIGO
- BLURRY VISION
- EARACHES
- RINGING IN THE EARS
- DECREASED HEARING
- NASAL CONGESTION OR RUNNY NOSE
- NOSE BLEEDS
- SORE THROAT
- HOARSENESS

CARDIOVASCULAR

- CHEST PAIN
- PALPITATIONS
- SHORTNESS OF BREATH W/ EXERTION
- SHORTNESS OF BREATH LYING DOWN
- COLD SWEATS

RESPIRATORY

- COUGH
- PHLEGM
- WHEEZING
- SHORTNESS OF BREATH
- COUGHING UP BLOOD

NEUROLOGIC

- MEMORY LOSS
- CONFUSION
- WEAKNESS
- UNSTEADY GAIT
- TREMORS
- NUMBNESS OR TINGLING

GASTROINTESTINAL

- LOSS OF APPETITE
- DIFFICULTY SWALLOWING
- NAUSEA
- VOMITING
- ABDOMINAL PAIN
- HEARTBURN
- DIARRHEA
- CONSTIPATION

GENITOURINARY

- BURNING W/ URINATION
- URGENCY
- FREQUENCY
- URINATING AT NIGHT
- SEXUAL DYSFUNCTION
- VAGINAL DISCHARGE
- URETHRAL DISCHARGE
- INCONTINENCE
- MENSTRUAL IRREGULARITY
- GENITAL LESIONS

MUSCULOSKELETAL

- MUSCLE ACHES
- BACK PAIN
- JOINT PAIN
- JOINT SWELLING
- JOINT STIFFNESS

HEMATOLOGIC/SKIN

- SWOLLEN GLAND
- RASHES
- LEG ULCERS
- BRUISING
- ITCHING

PSYCHIATRIC

- ANXIETY
- DEPRESSION
- AGITATION
- HALLUCINATIONS
- DISORIENTATION