

Review of Systems

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Please print clearly.

Patient Name

Date

CONSTITUTIONAL SYSTEMS

	Yes	No
Good general health lately	☐	☐
Recent weight change	☐	☐
Fever	☐	☐
Fatigue	☐	☐
Headaches	☐	☐

EARS/NOSE/MOUTH/THROAT

	Yes	No
Hearing loss	☐	☐
Earaches or drainage	☐	☐
Chronic Sinus/Rhinitis	☐	☐
Nose bleeds	☐	☐
Mouth sores	☐	☐
Bleeding gums	☐	☐
Bad breath or bad taste	☐	☐
Sore throat/voice change	☐	☐
Swollen glands in neck	☐	☐

CARDIOVASCULAR

	Yes	No
Heart trouble	☐	☐
Chest pain/angina pectoris	☐	☐
Palpitation	☐	☐
Shortness of breath	☐	☐
Swelling of feet, ankles, hands	☐	☐

MUSCULOSKELETAL

	Yes	No
Joint pain	☐	☐
Joint stiffness/swelling	☐	☐
Muscle/joint weakness	☐	☐
Muscle pain or cramps	☐	☐
Back pain	☐	☐
Cold extremities	☐	☐
Difficulty in walking	☐	☐

INTEGUMENTARY

	Yes	No
Rash or itching	☐	☐
Skin color change	☐	☐
Change in hair or nails	☐	☐
Varicose veins	☐	☐
Breast pain/lump	☐	☐

NEUROLOGICAL

	Yes	No
Frequent headaches	☐	☐
Light headed or dizzy	☐	☐
Convulsions/seizures	☐	☐
Numbness or tingling	☐	☐
Tremors	☐	☐
Paralysis	☐	☐
Stroke	☐	☐
Head injury	☐	☐

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RESPIRATORY

	Yes	No
Chronic or frequent coughs	☐	☐
Spitting up blood	☐	☐
Shortness of breath	☐	☐
Asthma or wheezing	☐	☐

PSYCHIATRIC

	Yes	No
Memory loss confusion	☐	☐
Nervousness	☐	☐
Depression	☐	☐
Insomnia	☐	☐

GASTROINTESTINAL

	Yes	No
Loss of appetite	☐	☐
Change in bowel movements	☐	☐
Frequent diarrhea	☐	☐
Bowel problems	☐	☐
Rectal bleeding/blood in stool	☐	☐
Abdominal pain or heartburn	☐	☐
Peptic ulcer (stomach/duodenal)	☐	☐

ENDOCRINE

	Yes	No
Glandular/hormone	☐	☐
Thyroid disease	☐	☐
Diabetes	☐	☐
Excessive thirst/urine	☐	☐
Heat/cold intolerance	☐	☐
Dry skin	☐	☐

GENITOURINARY

	Yes	No
Frequent urination	☐	☐
Burning-painful urination	☐	☐
Blood in urine	☐	☐
Strain to urinate	☐	☐
Incontinence or dribbling	☐	☐
Kidney stones	☐	☐
Sexual difficulty	☐	☐
Male problems	☐	☐
Female problems	☐	☐
Are you pregnant	☐	☐

HEMATOLOGICAL/LYMPHATIC

	Yes	No
Slow to heal cuts	☐	☐
Easy bruising/bleeding	☐	☐
Anemia	☐	☐
Phlebitis	☐	☐
Past transfusion	☐	☐
Enlarged glands	☐	☐

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ALLERGIC/IMMUNOLOGIC

	Yes	No
Reaction antibiotics	☐	☐
Narcotics	☐	☐
Anesthetics	☐	☐
Pain remedies	☐	☐
Vaccines	☐	☐
Antiseptics	☐	☐
Other medications	☐	☐
Food allergies	☐	☐

ADDITIONAL NOTES