REVIEW OF SYSTEMS

Please check ONLY the symptoms you are having RIGHT NOW

	CONSTITUTIONAL
	Deny All
	Night sweats
	Fatigue
	Weakness
	Abnormal Weight gain
	Abnormal Weight loss

	SKIN
	Deny All
	Breast lumps/pain
	Nail changes
	Eczema
	Skin disorders
	Hives
	Rash
	Skin lesions

	NEUROLOGICAL
	Deny All
	Concentration loss
	Memory loss
	Dizziness
	Headache
	Imbalance
	Fainting
	Loss of memory
	Numbness
	Poor Sleep
	Slurred speech
	Stress

	EYES
	Deny All
	Blurred vision
	Change in vision
	Double vision
	Eye pain
	Sensitivity to light
	Wears glasses

	PSYCHIATRIC
	Deny All
	Irritable
	Anxiety
	Behavioral changes
	Bipolar disorder
	Confusion
	Depression
	Homicidal thoughts
	Insomnia
	Substance abuse
	Suicidal thoughts

	ALLERGIES
	Deny All
	Animal dander
	Dairy
	Pollen
	Food allergies
	Smoke
	Grasses
	Sulfa drugs
	Penicillin
	Perfumes
	Hay
	Dust

	CARDIOVASCULAR
	Deny All
	Angina
	Chest pain
	Heart murmur
	Heart problems
	High blood pressure
	Low blood pressure
	Palpitations
	Shortness of breath
	Swelling of legs

	GENITOURINARY
	Deny All
	Birth control pills
	Burning urination
	Kidney stones
	Erectile dysfunction
	Frequent urination
	Irregular menstruation
	Lack of bladder control
	Prostate problems
	Vaginal discharge

	BLOOD / LYMPHATIC
	Deny All
	Anemia
	Blood clots
	Bruise easily
	Lymph node swelling

	RESPIRATORY
	Deny All
	Asthma
	Bronchitis
	Coughing up blood
	Difficulty breathing
	Spitting up blood
	Pneumonia
	Wheezing

	GASTROINTESTINAL
	Deny All
	Abdominal pain
	Ulcers
	Black, tarry stools
	Constipation
	Diarrhea
	Heartburn
	Hemorrhoids
	Indigestion
	Hernia
	Nausea
	Rectal bleeding
	Vomiting

	ENDOCRINE
	Deny All
	Cold intolerance
	Diabetes
	Excessive thirst
	Hair loss
	Heat intolerance

	MUSCULOSKELETAL
	Deny All
	Arthritis
	Neck pain
	Decreased motion
	Head heaviness
	Injuries
	Joint pain
	Joint stiffness
	Back pain
	Muscle cramps
	Muscle pain
	Muscle weakness

	EARS, NOSE, THROAT
	Deny All
	Difficulty swallowing
	Ear pain
	Head injury
	Hearing loss
	Loss of smell
	Loss of taste
	Nasal congestion
	Post nasal drip
	Nosebleeds
	Sinus infections
	Runny nose
	Ringing in the ears
	TMJ problems

OTHER	

YOUR PAST HISTORY

✔	Past Problem	When and Explain
	Cancer	
	Stroke	
	Thyroid Problems	
	Asthma	
	Heart Attack	
	HIV/AIDS	
	Angina/Chest Pain	
	Diabetes	
	Broken Bones/Fracture	
	Depression	

List all surgeries and year: _____

List all Injuries and year: _____

List all medications: _____