Name:	Review of Systems – please check the box to the **LEFT** of any problems you have

General/Constitutional	
☐	Decreased energy level
☐	Recent fever
☐	Recent loss of appetite
☐	Weight gain
☐	Weight loss
☐	

Cardiovascular	
☐	Chest pain
☐	Chest pressure on exertion
☐	Irregular/fast heartbeat
☐	Pain in legs when walking
☐	Sleep with extra pillows
☐	Swelling in legs or feet
☐	
☐	

Endocrine	
☐	Do you feel cold often?
☐	Do you feel hot often?
☐	Excessive thirst
☐	Excessive urination
☐	
☐	

Other symptoms (list)	
☐	
☐	
☐	
☐	
☐	
☐	
☐	
☐	

Skin	
☐	Dry skin
☐	Frequent hives or rash
☐	Moles changed in size/color
☐	Recent hair loss
☐	
☐	

Gastrointestinal	
☐	Bloody/black stool
☐	Change in bowel habits
☐	Constipation/diarrhea
☐	Indigestion or heartburn
☐	Nausea/vomiting
☐	Trouble with fatty foods
☐	Trouble swallowing
☐	

Hemato-Immunologic	
☐	Bleeding tendency
☐	Bruise easily
☐	

Psychiatric	
☐	Trouble sleeping
☐	Nervous
☐	Depressed
☐	Irritable for no reason

Allergies/Immunological	
☐	Seasonal allergies
☐	Food allergies
☐	Substance allergies
☐	Poor resistance to infection

Ears/Neck	
☐	Hearing loss
☐	Ringing in ears
☐	Drainage from ears
☐	Swelling or lump in head
☐	Swelling or lump in neck
☐	Throat pain

Genitourinary	
☐	Difficulty urinating
☐	Frequent urination

Musculoskeletal	
☐	Joint swelling
☐	Joint pain
☐	Limitation of movement
☐	Muscle pain or cramps
☐	Trouble walking

EYE	
☐	Change in vision (recent)
☐	Double vision
☐	Discharge from eyes
☐	Distorted vision
☐	Dry or tearing eyes

Respiratory	
☐	Cough up blood
☐	Cough up phlegm
☐	Difficulty breathing
☐	Long-term cough
☐	
☐	

Neurological	
☐	Back pain
☐	Bad headaches
☐	Confusion
☐	Fainting spells
☐	Memory trouble
☐	Numbness or tingling
☐	Speech difficulty
☐	

Floaters/flashing lights	
☐	Glare or light sensitivity
☐	Loss of vision/ blurry vision
☐	Painful or red eyes
☐	Shadow in vision

Other medical problems (list)	