Name:

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

	General/Constitutional		Skin		Ears/Neck		Respiratory
	Decreased energy level		Dry skin		Hearing loss		Cough up blood
	Recent fever		Frequent hives or rash		Ringing in ears		Cough up phlegm
	Recent loss of appetite		Moles changed in size/color		Drainage from ears		Difficulty breathing
	Weight gain		Recent hair loss		Swelling or lump in head		Long-term cough
	Weight loss				Swelling or lump in neck		
					Throat pain		

	Cardiovascular		Gastrointestinal		Genitourinary		Neurological
	Chest pain		Bloody/black stool		Difficulty urinating		Back pain
	Chest pressure on exertion		Change in bowel habits		Frequent urination		Bad headaches
	Irregular/fast heartbeat		Constipation/diarrhea		**Musculoskeletal**		Confusion
	Pain in legs when walking		Indigestion or heartburn		Joint swelling		Fainting spells
	Sleep with extra pillows		Nausea/vomiting		Joint pain		Memory trouble
	Swelling in legs or feet		Trouble with fatty foods		Limitation of movement		Numbness or tingling
			Trouble swallowing		Muscle pain or cramps		Speech difficulty
					Trouble walking		

	Endocrine		Hemato-Immunologic		**EYE**		
	Do you feel cold often?		Bleeding tendency		Change in vision (recent)		Floaters/flashing lights
	Do you feel hot often?		Bruise easily		Double vision		Glare or light sensitivity
	Excessive thirst				Discharge from eyes		Loss of vision/ blurry vision
	Excessive urination		**Psychiatric**		Distorted vision		Painful or red eyes
			Trouble sleeping		Dry or tearing eyes		Shadow in vision
			Nervous		**Other medical problems (list)**		
	Other symptoms (list)		Depressed				
			Irritable for no reason				
			Allergies/Immunological				
			Seasonal allergies				
			Food allergies				
			Substance allergies				
			Poor resistance to infection				