# PLEASE CIRCLE WHAT YOU ARE BEING SEEN FOR TODAY

### **REVIEW OF SYSTEMS**

(Per the Patient)

#### Constitutional:

Fevers. Chills. Sweats.

Weight loss or gain.

Tiredness / Weakness.

## Eyes:

Glasses/contacts. Loss/change of vision. Blurry vision.

Redness/Dryness.

# **ENT:**

Loss of hearing. Ear problems.

Nasal congestion/head cold.

Hoarseness.

Difficulty with gums/teeth.

Difficulty swallowing.

Thyroid problems.

# Cardiovascular:

Chest pain.

Edema.

Palpitations.

Blood Pressure.

Irregular heartbeat.

# **Respiratory:**

Shortness of Breath.

Wheezina.

Cough dry/productive.

Dyspnea.

#### **Gastrointestinal:**

Abdominal pain.

Nausea.

Vomiting.

Indigestion.

Heartburn.

Spitting up blood.

Change in appetite.

Gas/ belching.

Food intolerance.

Diarrhea.

Constipation.

Hemorrhoids.

Black or bloody stools.

Rectal pain or bleeding.

Change in bowel habits.

Hernia.

### **Genitourinary:**

Urinary frequency.

Urgency.

Urinating at night.

Blood in the urine.
Burning/pain with urination.

Leaking of urine.

Not emptying bladder completely.

### Musculoskeletal:

Arthritis or joint aches.

Joint swelling. Stiffness.

Back pain.

History of fractures.

# Integumentary:

Rash.

Cyanosis.

Jaundice.

Acne.

Itching.

Lumps/bumps.

### **Neurologic:**

Headaches.

Numbness/tingling.

Memory loss.

Seizures.

Muscle weakness.

Paralysis.

Depression/anxiety.

# **Psychiatric:**

Change in mood.

Insomnia.

Nervous.

### **Endocrine:**

Heat/cold intolerance.

Thirst.

Changes in hair/skin.

# Hematologic/Lymphatic:

Bleeding problems.

Blood clot problems.

Anemia.

Easy bruising.

Swollen glands.

# Allergic/Immunologic:

Hypersensitivity.

Recurrent infections.

# Vascular:

Swelling of hands/ankles/feet

Dizziness.

Faintness.

Lightheadedness.

Leg pain.

Varicose veins.

Wounds/sores/ulcers.

#### **Breast:**

Breast pain.

Breast lumps. Nipple discharge.

Abnormal mammogram.

### Other:
