

Date: _____



Review of Systems

Patient's Name: _____

Last eye exam: _____ Last chest x-ray: _____ Last Tuberculosis test: _____ Last bone densitometry: _____

As you review the following list, please check any problems, which have significantly affected the patient

Constitutional

- Recent weight gain
- Recent weight loss
- Fatigue
- Weakness
- Fever

Eyes

- Pain
- Redness
- Loss of vision
- Double or blurred vision
- Dryness
- Feels like something in eye
- Itching

Ears-Nose-Mouth-Throat

- Ringing in ears
- Loss of hearing
- Nosebleeds
- Loss of smell
- Dryness in nose
- Sore tongue
- Bleeding gums
- Sores in mouth
- Loss of taste
- Dryness of mouth
- Frequent sore throat
- Hoarseness
- Difficulty swallowing

Cardiovascular

- Chest pain
- Irregular heart beat
- High blood pressure
- Heart murmurs

Respiratory

- Shortness of breath
- Difficulty breathing at night
- Swollen legs or feet
- Cough
- Coughing of blood
- Wheezing (asthma)

Gastrointestinal

- Nausea
- Vomiting of blood or coffee ground material
- Stomach pain relieved by food or milk
- Jaundice
- Increasing constipation
- Persistent diarrhea
- Blood in stools
- Black stools
- Heartburn

Genitourinary

- Difficult urination
- Pain or burning on urination
- Blood in urine
- Cloudy, "smoky" urine
- Pus in urine
- Discharge from penis/vagina
- Getting up at night to pass urine
- Vaginal dryness
- Rash/ ulcer

For Women Only

Age when period began: _____
 Periods regular? Yes / No
 How many days apart? _____

Musculoskeletal

- Morning stiffness? How long?
_____min _____hours
- Joint pain
- Muscle weakness
- Muscle tenderness
- Joint swelling in the last 6 months

Integumentary

- Easy bruising
- Redness

- Rash
- Hives
- Sun sensitivity
- Tightness
- Nodules/bump
- Hair loss
- Color changes of hands or feet in the cold

Neurological System

- Headaches
- Dizziness
- Fainting
- Muscle spasms
- Loss of consciousness
- Sensitivity or pain of hands and/or feet
- Memory loss
- Night sweats

Psychiatric

- Excessive worries
- Anxiety
- Easily losing temper
- Depression
- Agitation
- Difficulty falling asleep
- Difficulty staying asleep

Endocrine

- Excessive thirst

Hematologic/Lymphatic

- Swollen glands
- Tender glands
- Anemia
- Bleeding tendency
- Transfusion? When

Allergic/Immunologic

- Frequent Sneezing
- Increased susceptibility to infection

Physicians Signature: _____

Date: _____