Print in Color or Grayscale Only
Using Adobe Acrobat Reader 8.0 or later

Review of Systems

Please answer every question

Marking Instructions

Please use a # 2 pencil
Fill in the complete oval as shown...

PLEASE PRINT PATIENT'S LAST NAME

PLEASE PRINT PATIENT'S FIRST NAME

PATIENT'S DATE OF BIRTH

Month Day Year

Please mark only the symptoms you CURRENTLY are experiencing.

Mark all that apply ---- if no symptoms, please mark "NONE"

General			
	weight loss	fever	
fatigue	weight gain	persistent infections	NONE
Eyes			
	visual disturbances	glasses / contacts	NONE
Ear, Nose, and Throat			
	hearing loss	sinus pain	
	seasonal allergies	oral ulcers	NONE
Cardiovascular			
	chest pain	swelling hands / feet	
difficulty breathing on exertions	palpitations	shortness of breath	NONE
Respiratory			
		chronic cough	
wheezing	difficulty breathing	coughing blood	NONE
Breast			
mass / lump	breast pain	nipple discharge	NONE
Gastrointestinal			
	constipation	bloody stool	
nausea	chronic diarrhea	hemorrhoids	
vomiting	abdominal pain	excessive gas	
change in bowel habits	jaundice	heartburn	
pain with swallowing	fecal incontinence	difficulty swallowing	NONE
Female Genitourinary (Women Only)			
		blood in urine	
pelvic pain	vaginal dryness	painful urination	
urinary frequency	vaginal discharge	painful menstruation	
urinary urgency	vaginal itch or burning	menstrual irregularities	
excessive urination at night	painful intercourse	urine leakage	NONE
Male Genitourinary (Men Only)			
urine leakage	urinary frequency	testicular mass	
painful urination	urinary urgency	testicular pain	
change in urinary stream	impotence	penile lesions	
excessive urination at night	urethral discharge	blood in urine	NONE
Musculoskeletal			
joint pain	muscle pain	muscle weakness	NONE
Skin			
dry skin	rash	new sore / lesion	
change in wart or mole	hives	skin ulcer	NONE
Neurologic			
fainting	numbness	seizures	
decreased memory	trouble walking	headaches	NONE
Psychiatric	anxiety	frequent crying	
change in sleep pattern	depression	fearful	NONE
Endocrine		cold intolerance	
hair changes	heat intolerance	hot flashes	NONE
Heme/Lymphatic			
easy bruising	excessive bleeding	gland problems	NONE