Review of Systems

Name: _____ Date: _____

Please check the boxes that have applied to you for the past 6 months:

CONSTITUTIONAL:
- ☐ ANOREXIA
- ☐ CHILLS
- ☐ FATIGUE
- ☐ FEVERS
- ☐ MALAISE (lack of energy)
- ☐ SWEATS
- ☐ WEIGHT LOSS
- ☐ OBESITY

RESPIRATORY:
- ☐ ASTHMA
- ☐ COUGH
- ☐ DYSPNEA ON EXERTION (shortness of breath)
- ☐ EMPHYSEMA
- ☐ HEMOPTYSIS (coughing up blood)
- ☐ PLEURISY/CHEST PAIN
- ☐ PNUEMONIA
- ☐ WHEEZING

CARDIOVASCULAR:
- ☐ CHEST PAIN
- ☐ CHEST PRESSURE/DISCOMFORT
- ☐ CLAUDICATION (leg pain w/exercise)
- ☐ DYSPNEA (difficulty breathing)
- ☐ EXERTIONAL CHEST PRESSURE/DISCOMFORT
- ☐ IRREGULAR HEARTBEAT
- ☐ LOWER EXTREMITY EDEMA (leg swelling)
- ☐ ORTHOPNEA (shortness of breath when lying flat)
- ☐ PALPITATIONS
- ☐ SYNCOPE (passing out)
- ☐ VARICOSE VEINS

GENITOURINARY:
- ☐ DECREASED STREAM
- ☐ DYSURIA (pain with urination)
- ☐ FREQUENCY
- ☐ HEMATURIA (blood in urine)
- ☐ NOCTURIA (urinating at night)
- ☐ URINARY INCONTINENCE

INTEGUMENTARY:
- ☐ DRYNESS OF SKIN
- ☐ PRURITIS (itching)
- ☐ RASH
- ☐ SKIN COLOR CHANGE
- ☐ SKIN LESIONS
- ☐ BLEEDING VEINS
- ☐ SKIN ULCER

HEMATOLOGY/LYMPHATIC:
- ☐ BLEEDING
- ☐ CLOTTING HISTORY
- ☐ EASY BRUISING
- ☐ LYMPHADENOPATHY (swollen lymph nodes)
- ☐ MISCARRIAGES
- ☐ PETECHIAE (broken vessels)
- ☐ SICKLE CELL ANEMIA

MUSCULOSKELETAL:
- ☐ ARTHRALGIAS
- ☐ BACK PAIN
- ☐ BONE PAIN
- ☐ MUSCLE WEAKNESS
- ☐ MYALGIAS (muscle pain)
- ☐ NECK PAIN
- ☐ STIFF JOINTS

NEUROLOGICAL:
- ☐ COORDINATION PROBLEMS
- ☐ DIZZINESS
- ☐ GAIT PROBLEMS
- ☐ HEADACHES
- ☐ MEMORY PROBLEMS
- ☐ PARESTHESIA (numbness)
- ☐ SEIZURES
- ☐ STROKE/TIA
- ☐ TREMORS
- ☐ VERTIGO
- ☐ WEAKNESS

ENDOCRINE:
- ☐ DIABETIC SYMPTOMS
- ☐ FERTILITY PROBLEMS
- ☐ TEMPERATURE INTOLERANCE
- ☐ THYROID DISEASE
- ☐ MISCARRAIGES (WOMEN)