Review of Systems

Constitutional	Yes/No	Comments
Fever		
Chills		
Night Sweats		
Unintentional weight gain		
Unintentional weight loss		
Excessive fatigue		
Eyes	**Yes/No**	**Comments**
Dryness		
Redness		
Change in vision		
Ear/Nose/Throat/Mouth	**Yes/No**	**Comments**
Hearing Loss		
Ringing in ears		
Nose bleeds		
Chronic sinus congestion		
Heavy snoring		
Change in voice		
Respiratory	**Yes/No**	**Comments**
Cough		
Phlegm/sputum production		
Sneezing		
Shortness of breath		
Cardiovascular	**Yes/No**	**Comments**
Chest discomfort or pressure		
Palpitations		
Leg Swelling		
Calf or buttock pain with walking		
Gastrointestinal	**Yes/No**	**Comments**
Change in appetite		
Difficulty swallowing		
Nausea/Vomiting		
Heartburn/indigestion		
Abdominal pain		
Diarrhea		
Constipation		
Blood in stool/black stool		
Genitourinary	**Yes/No**	**Comments**
Urination at night		
Frequent urination		
Burning with urination		
Blood in urine		
Incomplete emptying		
Leakage of urine		
Sexual problems		

Women	Yes/No	Comments
Vaginal discharge		
Abnormal vaginal bleeding		
Pelvic pain		
Breast lumps		
Nipple discharge		
Musculoskeletal	**Yes/No**	**Comments**
Persistent or severe neck pain		
Persistent or severe back pain		
Persistent or severe joint pain		
Muscle pain or cramping		
Skin	**Yes/No**	**Comments**
Rash		
Itching		
Growths/lesions		
New or changing moles		
Acne		
Neurologic	**Yes/No**	**Comments**
Frequent or severe headaches		
Falls		
Numbness/tingling		
Tremor		
Involuntary movement		
Muscle weakness		
Memory loss		
Dizziness		
Psychosocial	**Yes/No**	**Comments**
Anxiety/nervousness		
Panic		
Feeling sad or depressed		
Insomnia		
Endocrine	**Yes/No**	**Comments**
Cold/heat intolerance		
Hot flashes		
Excessive thirst		
Blood/Lymphatics	**Yes/No**	**Comments**
Excessive bruising		
Easy bleeding		
Swollen lymph nodes		
Allergy/Immunity	**Yes/No**	**Comments**
Severe allergic reactions		
Hives		
Frequent infections		