

Review of Systems Checklist

Please put a \surd by any recurrent symptoms within the last year

Constitutional:

- Fever
- Weight Loss
- Fatigue
- Loss of Appetite
- Chills
- Night Sweats
- None

HEENT:

- Hearing Loss
- Vision Change
- Sore Throat
- Runny Nose
- Dry Mouth
- Ear Ache
- Sinus Pain
- None

Endocrinology:

- Excessive Thirst
- Heat Intolerance
- Cold Intolerance
- Hair Loss
- Dry Skin
- Weakness
- None

Cardiovascular:

- Chest pain
- Shortness of Breath
- Swelling of Feet
- Racing Pulse
- Irregular Heart Beat
- None

Respiratory:

- Cough
- Wheezing
- Coughing blood
- Difficulty Breathing
- None

Gastroenterology:

- Abdominal Pain
- Nausea
- Diarrhea
- Bloody Stools
- Constipation
- Trouble Swallowing
- Jaundice (yellow skin)
- Vomiting
- None

Genitourinary:

- Painful Urination
- Urinary Frequency
- Kidney Stones
- Urinary Incontinence
- None

Musculoskeletal:

- Muscle aches
- Joint Pain
- Back Pain
- None

Neurologic:

- Headaches
- Dizziness
- Paralysis of Extremities
- Tremor
- Stroke
- Numbness & Tingling
- Seizures
- Fainting
- None

Integumentary:

- Rash
- Change in Mole
- Skin Cancer
- Itching
- None

Women:

- Irregular Menses
- Menses longer than 7d
- Heavy Menses
- Painful Intercourse
- Vaginal Itching
- Change in Vaginal D/C
- Hot Flashes
- Vaginal Dryness
- Vaginal Sores
- None

Men:

- Erectile Dysfunction
- Prolonged Urination
- Urinary Frequency
- Urinary Hesitancy
- Nocturia
- Penile Discharge
- Penile sores
- None

Psychiatric:

- Insomnia
- Depression
- Anxiety
- None

Name: _____ DOB: _____ Date: _____