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

Review of Systems

Please answer every question.

STAFF: Handwritten responses must be entered **MANUALLY**.

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 all symptoms you are CURRENTLY experiencing.
Mark all that apply. If no symptoms, please mark "NONE."

Constitutional Symptoms		night sweats	
fatigue	fever	weight loss (unintentional)	NONE
Eyes			
	blurred or double vision	eye pain or soreness	NONE
Ear / Nose / Mouth / Throat	mouth sores	sore throat	
earache	nosebleeds	voice change	NONE
Cardiovascular		edema / leg swelling	
arrhythmia	chest pain or angina	palpitations	NONE
Respiratory		coughing blood	
asthma or wheezing	chronic cough	shortness of breath	NONE
Gastrointestinal		painful swallowing	
abdominal pain	frequent diarrhea	rectal bleeding	
change in bowels	heartburn	rectal pain	
constipation	loss of appetite	vomiting	
difficulty swallowing	nausea	vomiting blood	NONE
Female Genitourinary		pelvic pain	
blood in urine	kidney stones	urine leakage	
excessive urination at night	menopause	urinary urgency	
frequent urination	painful intercourse	vaginal bleeding	
irregular menses	painful urination	vaginal discharge	NONE
last menstrual period: _____			
Male Genitourinary		penile lesions	
blood in urine	impotence	testicular mass	
change in urinary stream	kidney stones	testicular pain	
excessive urination at night	painful urination	urine leakage	
frequent urination	penile discharge	urinary urgency	NONE
Musculoskeletal		muscle pain	
back pain	joint pain	muscle weakness	NONE
Neurological		memory loss	
convulsions or seizures	frequent or recurring headaches	numbness or tingling sensation	
fainting	loss of strength (paralysis)	trouble walking	NONE
Endocrine	excessive thirst	heat intolerance	
cold intolerance	excessive urination	hypoglycemia	NONE
Hematologic / Lymphatic			
easy bruising	excessive bleeding	swollen glands	NONE
Integumentary (Skin)		jaundice	
change in skin color	hair loss	new skin lesion	
change in skin lesion	itching	skin rashes	NONE
Psychiatric		nervousness or anxiety	
depression	insomnia	psychiatric disorder	NONE

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