

Name: \_\_\_\_\_

# Review of Systems

Please mark any of the following that currently pertain to the patient.

## Constitutional

- ☐ Recent weight loss
- Recent weight gain
- Fatigue
- Fever
- Sleep problems
- Weakness
- Night sweats

## Ears, Nose, Mouth, Throat

Nasal ulcers  
Dryness in nose  
Nosebleeds  
Mouth sores/ulcers  
Dry mouth

## Eye

- ☐ Pain
- Redness
- Loss of vision
- Dryness
- Feels like something in eye

## Respiratory

Wheezing  
Cough  
Coughing of blood  
Shortness of breath  
Swollen legs/feet

## Cardiovascular

Shortness of breath  
Chest pain/tightness  
Palpations  
Irregular heart beat  
Heart attack  
Leg swelling  
Sudden change in heart beat  
High blood pressure

## Gastrointestinal

Intolerance to NSAIDs  
Difficulty swallowing  
Heartburn  
Nausea  
Black stools

## Genitourinary

Frequent urination  
Hesitancy  
Incontinence  
Blood in urine  
Proteinuria  
Stones  
Sexual difficulties  
**Male**  
Penis ulcers  
Abnormal penis discharge  
**Female**  
Vaginal dryness  
Abnormal vaginal discharge  
Vaginal ulcer

## Musculoskeletal

Joint pain  
Joint swelling  
Muscle pain  
Muscle weakness  
Bone pain  
Low back pain  
Neck pain  
Tendon pain  
Jaw pain  
Morning swelling  
Morning tenderness

## Integumentary/Skin

Rashes  
Ulcer

## Nodules/bumps

Erythema/redness  
Dry, scaly skin  
Petechiae  
Photosensitivity  
Easy bruising  
Hives  
Tightness  
Hair loss  
Color changes of hands/feet in cold

## Neurologic

Headaches  
Numbness  
Muscle Weakness  
Sciatica pain  
Muscle spasm  
Memory loss

## Endocrine

Thyroid problem  
Lack of libido

## Hematological/Lymphatic

Anemia  
Blood count problems  
Swollen glands  
Tender glands

## Psychiatric

Anxiety  
Depression  
Mood swings  
Psychosis  
Mania  
Excessive worries  
Easily losing temper  
Agitation  
Difficulty falling asleep  
Difficulty stay asleep