

Review of Systems

Please check **Yes** or **No** next to the question regarding your health condition.

		Condition
Yes	No	Constitutional
		Fever
		Chills
		Night Sweats
		Weight Loss not related to dieting
		New onset of fatigue
Yes	No	Skin, Hair & Nails
		Rash on skin
		Thin or coarse hair
		Change in color or thickness of hair
		Change in color or thickness of nails
Yes	No	Head & Neck
		Frequent or unusual headache
		Blurred or double vision
		Hearing loss
		Frequent colds
		Nasal obstruction
		Abnormal or heavy snoring
		Hoarseness or change in voice
Yes	No	Musculoskeletal
		Joint stiffness or pain
		Restriction of joint motion
		Joint redness
		Joint heat
		Bony deformity
Yes	No	Endocrine
		Thyroid enlargement or tenderness
		Heat or cold intolerance
		Diabetes
		Excessive thirst
		Frequent urination
Yes	No	Male G/U
		Erectile dysfunction
		Decreased sex drive

Please check **Yes** or **No** next to the question regarding your health condition.

Yes	No	
		OB/GYN
		Abnormal uterine bleeding
		Frequent bleeding between menstrual cycles
		Breast Problems
		Pain of the breast
		Breast discharge or lumps
		Chest & Lung
		Pain related to breathing
		Shortness of breath
		Wheezing
		Chronic cough
		Coughing up blood
		History of exposure to tuberculosis
		Heart & Blood Vessel
		Chest pain or distress
		Heart palpitations
		Shortness of breath with exertion or lying flat
		Swelling of the legs or ankles
		Leg pain when walking
		History of blood clots
		Varicose veins
		History of phlebitis
		Previous heart attack
		Endurance
		Can walk a mile without stopping or getting short of breath?
		Gastrointestinal
		Change in appetite
		Digestive difficulty
		Difficulty swallowing
		Heartburn
		Nausea or vomiting
		Vomiting blood
		Change in color of stool
		Hemorrhoids
		Hepatites
		Jaundice
		Stomach ulcer
		Gallstones

Please check **Yes** or **No** next to the question regarding your health condition.

Yes	No	Lymph Nodes
		Enlargement
		Tenderness
		Abscess
Yes	No	Genitourinary
		Pain or burning on urination
		Urinary urgency
		Difficulty starting or stopping stream
		Passage or kidney stone
		Hernia
Yes	No	Neurologic
		Fainting
		Loss of consciousness
		Muscle weakness
		Paralysis
		Decreased or loss of sensation
		Difficulty with coordination
		Tremor
		Loss of memory
Yes	No	Psychiatric
		Depression
		Mood changes
		Difficulty concentrating
		Nervousness
		Irritability
		Sleep disturbances