

REVIEW OF SYSTEMS
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Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Do you currently have any of the following problems?**

<b>General</b>	<b>Yes</b>	<b>No</b>	<b>Genital/Urinary</b>	<b>Yes</b>	<b>No</b>	<b>Endocrine</b>	<b>Yes</b>	<b>No</b>
fever	—	—	urinary pain	—	—	diabetes	—	—
weight loss/gain	—	—	urinary frequency	—	—	thyroid disease	—	—
fatigue	—	—	blood in urine	—	—	heat/cold		
night sweats	—	—	kidney stones	—	—	intolerance	—	—
other	—	—	venereal disease	—	—	frequent drinking	—	—
			vaginal discharge	—	—	and urinating	—	—
<b>Ear/Nose/Throat</b>			contraception	—	—	other	—	—
hearing loss	—	—	other	—	—			
sinus problems	—	—				<b>Hematologic</b>		
sore throat	—	—	<b>Skin</b>			anemia	—	—
oral ulcers	—	—	rash	—	—	bleeding/bruising	—	—
bleeding	—	—	sore	—	—	frequent infection	—	—
ringing	—	—	excess dryness	—	—	other	—	—
other	—	—	other	—	—			
			<b>Musculoskeletal</b>			<b>Family history</b>		
<b>Respiratory</b>			muscle pain/cramps	—	—	<b>Eye conditions</b>		
cough	—	—	muscle weakness	—	—	glaucoma	—	—
shortness of			joint pain/			macular		
breath	—	—	swelling	—	—	degeneration	—	—
asthma/wheezing	—	—	other	—	—	keratoconus	—	—
other	—	—				retinitis pigmentosa	—	—
			<b>Neurologic</b>			corneal disease	—	—
<b>Gastrointestinal</b>			numbness	—	—	other	—	—
heartburn	—	—	weakness	—	—			
diarrhea	—	—	headaches	—	—	<b>Other family diseases</b>		
vomiting	—	—	balance problems	—	—	birth defects	—	—
abdominal pain	—	—	seizures	—	—	mental retardation	—	—
dark/bloody stools	—	—	tremors	—	—	diabetes	—	—
constipation	—	—	other	—	—	hypertension	—	—
other	—	—				cancer	—	—
			<b>Heart</b>			heart disease	—	—
<b>Psychiatric</b>			chest pain	—	—	arthritis	—	—
depression	—	—	irregular rhythm	—	—			
anxiety	—	—	heart failure	—	—			
insomnia	—	—	other	—	—			
hallucinations	—	—						
other	—	—						