

REVIEW OF SYSTEMS FOR TODAY'S VISIT (PATIENT ID _____)

CONSTITUTIONAL:

____ Fatigue ____ Fever ____ Chills ____ Malaise ____ Body Aches ____ Night Sweats ____ Weight Loss
____ Weight Gain ____ Loss of Appetite

EYES:

____ Blurred Vision

HENT:

____ Lumps ____ Tenderness ____ Swelling ____ Nipple Discharge ____ Abnormal Changes in Breast Size

CARDIOVASCULAR:

____ Chest Pain ____ Irregular Heart Beats ____ Rapid Heart Rate ____ Dyspnea on Exertion

RESPIRATORY:

____ Shortness of Breath ____ Wheezing ____ Cough ____ Hoarseness ____ Abnormal Septum Production
____ Hemoptysis

BOWELS:

____ Nausea ____ Vomiting ____ Diarrhea ____ Constipation ____ Loss of Appetite ____ Dysphoria
____ Heartburn ____ Hematemesis ____ Excessive Belching ____ Abdominal Pain ____ Jaundice
____ Blood in Stool ____ Hemorrhoids ____ Narrow Stools ____ Excessive Flatulence ____ Bloating

BLADDER:

____ Urgency ____ Frequency ____ Hematuria ____ Incontinence

INTEGUMENT:

____ Rash ____ Pigmentation Changes ____ New Skin Lesions ____ Changes to Existing Skin Lesions or Moles

NEUROLOGIC:

____ Muscular Weakness ____ Tingling or Numbness ____ Speech Difficulties ____ Seizures

MUSCULOSKELETAL:

____ Joint Pain ____ Joint Swelling ____ Muscle Pain ____ Muscular Weakness ____ Muscle Cramps
____ Back Pain ____ Neck Pain ____ Shoulder Pain

ENDOCRINE:

____ Loss of Hair ____ Constipation ____ Weight Gain ____ Weight Loss

PSYCHIATRIC:

____ Anxiety ____ Depression ____ Hallucinations ____ Delusions ____ Feeling Confused ____ Difficulty Sleeping
____ Compulsive Behaviors ____ Impulsive Behaviors ____ Suicidal Ideation ____ Homicidal Ideation
____ Excessive Anger ____ Marital Problems ____ Family Problems

HERNE-LYMPH:

____ Easy Bleeding ____ Easy Bruising ____ Lymph Node Enlargement or Tenderness