Review of Systems

Check Any That Apply

Do you have any of these ***OVERALL CONDITIONS?***		*Are you having problems with* ***EARS, NOSE, OR THROAT?***		*Are you having any* ***HEART-RELATED ISSUES?***	
Unable to transfer	☐	Cold/Flu	☐	Heart attack	☐
Unable to walk without assistance	☐	Loose teeth or wear dentures	☐	Heart murmur	☐
Unable to lie flat	☐	Earaches	☐	Pacemaker	☐
Use supplemental oxygen	☐	Hearing loss	☐	Palpitations/fluttering	☐
Other special needs (note below)	☐	Ringing in the ears	☐	High blood pressure	☐
Headaches	☐	Sinus problems	☐	Rapid heart rate	☐
Fatigue	☐	Nasal congestion	☐	Irregular heart rhythm	☐
Weakness	☐	Sore throat	☐	Chest pain or pressure	☐
Insomnia	☐	Hoarseness	☐	Shortness of breath	☐
Weight gain/loss	☐	Vertigo	☐	Swelling hands, feet, ankles	☐
Pregnant or possibly pregnant	☐	Recurrent nose bleeds	☐		
Night sweats	☐	Difficulty swallowing	☐		
Nursing a child	☐		☐		

Are you having any ***RESPIRATORY PROBLEMS?***		*Are you having any* ***INTESTINAL PROBLEMS?***		*Are you having any* ***GENITAL/URINARY PROBLEMS?***	
Coughing Blood	☐	Blood in Stools	☐	Prostate problems	☐
Chronic Cough	☐	Stomach Pain	☐	Frequent urination	☐
Shortness of Breath	☐	Black Tarry Stools	☐	Blood in urine	☐
Asthma	☐	Constipation	☐	Pain with urination	☐
Bronchitis	☐	Decreased Appetite	☐	Urinary discharge	☐
Emphysema	☐	Diarrhea	☐	Genital sores	☐
Pneumonia	☐	Food Intolerance	☐	Abnormal menstruation	☐
Tuberculosis	☐	Heartburn	☐		
		Jaundice	☐		
		Nausea	☐		
		Vomiting	☐		

Are you having any ***SKIN PROBLEMS?***		*Are you having any* ***ENDOCRINE PROBLEMS?***		*Are you having any* ***NEUROLOGIC PROBLEMS?***	
Skin rash	☐	Enlarged glands in neck	☐	Dementia	☐
Abnormal lesions	☐	Bulging eyes	☐	Involuntary movements	☐
Hives	☐	Heat or cold intolerance	☐	Balance problems	☐
Sores	☐	Increased thirst	☐	Vertigo	☐
	☐	Increased urination	☐	Fainting	☐
				Memory problems	☐
				Numbness of extremities	☐
				Seizures	☐
				Tingling	☐
				Tremors	☐

Are you having any ***MENTAL HEALTH PROBLEMS?***		*Are you having any* ***MUSCULOSKELETAL PROBLEMS?***		*Are you having any* ***HEMATOLOGIC PROBLEMS?***	
Depression	☐	Joint pain/stiffness/redness	☐	Enlarged lymph nodes	☐
Nervousness	☐	Back pain	☐	Tender lymph nodes	☐
Tension/Irritability	☐	Muscle pain	☐	Easy bleeding or bruising	☐
Excessively elevated mood	☐	Muscle wasting	☐	Blood transfusion	☐
Hallucinations	☐	Easily broken bones	☐		

COMMENTS: _____

NAME: _____ **DOB:** _____ **SIGNATURE:** _____