

# Review of Systems

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Todays Date \_\_\_\_\_

## **CHECK ALL THAT ARE APPLICABLE**

- Male                       Female  
Medication allergies                       No                       Yes \_\_\_\_\_  
Taking medication                       No                       Yes \_\_\_\_\_  
Taking Supplements                       No                       Yes \_\_\_\_\_

## **Review of Systems - check any symptoms you are experiencing today**

### **Systemic Symptoms**

- fatigue                       fever/chills                       weight change

### **Head Related**

- headache                       facial pain

### **Eye**

- trouble with vision                       pain                       redness                       light sensitivity

### **Ear-Nose-Throat-Mouth**

- earache                       pressure                       ringing                       TMJ  
 runny nose                       nose bleeds                       post nasal drip                       sneezing  
 snoring                       sore throat                       itchy throat                       hoarsness  
 mouth sores                       dryness                       trouble swallowing

### **Neck**

- swollen glands                       pain                       muscle tightness

### **Respiratory**

- cough                       wheezing                       shortness of breath

### **Cardiovascular**

- pain                       palpitations                       irregular heart rate  
 edema                       fast heart rate

### **Gastrointestinal**

- abdominal pain                       heart burn                       nausea                       vomiting  
 diarrhea                       constipation                       blood in stool                       change in bowel habits

### **Urinary**

- Pain                       frequency                       blood in urine

### **Skin**

- rash                       lesions                       abnormal hair loss

### **Musculoskeletal**

- joint pain                       back pain                       muscle pain                       restless legs

### **Neurological**

- fainting                       numbness                       dizziness

### **Psychological**

- insomnia                       depression                       anxious                       irritable  
 generally not having fun in life

### **Male**

- slow urine flow                       low libido                       erectile dysfunction

### **Female**

- pelvic pain                       PMS                       vaginal discharge                       abnormal bleeding

# Review of Systems

**Anything Else:**