



NAME: _____ DOB: _____ PATIENT # _____

REVIEW OF SYSTEMS
(Symptoms now or in the past 3 months)

Systemic Symptoms

Y	N	Sleep Apnea
Y	N	Insomnia
Y	N	Weight Change
Y	N	Appetite
Y	N	Chills
Y	N	Fever
Y	N	Other: _____
Y	N	Constitutional symptoms

Head Symptoms

Y	N	Headache
Y	N	Facial Pain
Y	N	Sinus Pain
Y	N	Other: _____
Y	N	Head-related symptoms

Neck Symptoms

Y	N	Pain in neck
Y	N	Stiffness
Y	N	Neck pain radiating down arm
Y	N	Pain in the arms
Y	N	Other: _____
Y	N	Neck symptoms

Eye Symptoms

Y	N	Seeing flashing lights
Y	N	Eye sensitivity to light
Y	N	Retro-orbital eye pain
Y	N	Blurry vision
Y	N	Seeing double (diplopia)
Y	N	Total loss of vision
Y	N	Worsening vision
Y	N	Other: _____
Y	N	Eye symptoms

Skin Symptoms

Y	N	Itching
Y	N	Rashes
Y	N	Easy bruising tendency
Y	N	No skin symptoms
Y	N	Other: _____

Hematology

Y	N	Easy bleeding
Y	N	Anemia
Y	N	Blood Clots
Y	N	Other: _____
Y	N	Hematologic symptoms

Otolaryngeal Symptoms (ENT)

Y	N	Earache
Y	N	Hearing Loss
Y	N	Ringing in the ears
Y	N	Vertigo
Y	N	Nosebleeds (epistaxis)
Y	N	Nasal discharge
Y	N	Sinusitis
Y	N	Throat Pain
Y	N	Hoarseness
Y	N	Sense of smell
Y	N	Taste disturbance
Y	N	Other: _____
Y	N	Otolaryngeal symptoms

Cardiovascular Symptoms

Y	N	Chest pain or discomfort
Y	N	Heart rate is fast
Y	N	Palpitations
Y	N	Heart murmur
Y	N	Lightheadedness
Y	N	Heart failure (CHF)
Y	N	Hypertension
Y	N	High cholesterol
Y	N	Other: _____
Y	N	Cardiovascular symptoms

Pulmonary Symptoms

Y	N	Shortness of breath
Y	N	Cough
Y	N	Wheezing
Y	N	Asthma
Y	N	Chronic obstructive pulmonary disease (COPD)
Y	N	Other: _____
Y	N	Pulmonary symptoms

Endocrine

Y	N	Excessive sweating
Y	N	Excessive thirst
Y	N	Libido has changed
Y	N	Diabetes Mellitus
Y	N	Thyroid disorders
Y	N	Other: _____
Y	N	Endocrine symptoms



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REVIEW OF SYSTEMS
(Symptoms now or in the past 3 months)

GI Symptoms

Y	N	Decrease in appetite
Y	N	Difficulty swallowing
Y	N	Heartburn
Y	N	Nausea/Vomiting
Y	N	Abdominal pain
Y	N	Hepatic disorder
Y	N	Ulcer
Y	N	Diarrhea
Y	N	Constipation
Y	N	Gastrointestinal bleeding
Y	N	Other: _____
Y	N	GI symptoms

Psychological

Y	N	Anxiety
Y	N	Depression
Y	N	Highly irritable
Y	N	Decreased functioning ability
Y	N	Unable to control anger
Y	N	Hallucinations
Y	N	Interpersonal relationship problems
Y	N	Other: _____
Y	N	Psychological symptoms

Genitourinary Symptoms

Y	N	Increased urinary frequency
Y	N	Urinary loss of control
Y	N	Urinary tract infection
Y	N	Pain during urination
Y	N	Kidney stones
Y	N	History of ___ previous pregnancies
Y	N	Other pregnancy history
Y	N	Other: _____
Y	N	Genitourinary history

Neurological

Y	N	Headache
Y	N	Memory lapses or loss
Y	N	Confused or disoriented
Y	N	Total loss of vision
Y	N	Worsening vision
Y	N	Seeing double (diplopia)
Y	N	Loss of hearing
Y	N	Ringing in the ears (tinnitus)
Y	N	Dizziness
Y	N	Vertigo
Y	N	Difficulties in speech
Y	N	Difficulty swallowing (dysphagia)
Y	N	Bowel/bladder changes
Y	N	Sexual complaints
Y	N	Pain
Y	N	Localized pain
Y	N	Generalized pain
Y	N	Numbness (hypesthesia)
Y	N	Feeling tired (fatigue)
Y	N	Muscle weakness
Y	N	Muscle cramps
Y	N	Walk is wobbly or unsteady (ataxia)
Y	N	Poor coordination
Y	N	Tremor
Y	N	Convulsions
Y	N	Fainting (Syncope)
Y	N	Transient alteration of awareness
Y	N	Sleep disturbances
Y	N	Head injury
Y	N	Spinal cord disease

Musculoskeletal Symptoms

Y	N	Diffuse joint pains
Y	N	Limb pain
Y	N	Pain in the hands and feet
Y	N	Muscle aches
Y	N	Muscle twitches (Fasciculations)
Y	N	Muscle cramps
Y	N	Gout
Y	N	Other: _____
Y	N	Musculoskeletal symptoms

Back Symptoms

Y	N	Back pain
Y	N	Upper back pain (between shoulder blades)
Y	N	Mid-back pain
Y	N	Lower back pain
Y	N	Stiffness of the back
Y	N	Lower back pain radiating to the legs
Y	N	Leg pain with exercise (leg claudication)
Y	N	Muscle cramps in the calf
Y	N	Other: _____
Y	N	Back Symptoms