## Review of Systems

Are you currently experiencing or have you experienced any of the following symptoms **within the last 30 days?**

| | Yes | NO |
|---|---|---|
| **Constitutional** | | |
| Appetite change | ☐ | ☐ |
| Fatigue | ☐ | ☐ |
| Fever | ☐ | ☐ |
| Weight Loss | ☐ | ☐ |
| **Eyes** | | |
| Eye Discharge | ☐ | ☐ |
| Eye Pain | ☐ | ☐ |
| **Head/Ears/Nose/Throat** | | |
| Hearing loss | ☐ | ☐ |
| Pain in ears | ☐ | ☐ |
| Ringing in ears | ☐ | ☐ |
| Nose bleeds | ☐ | ☐ |
| Congestion | ☐ | ☐ |
| Dental problem | ☐ | ☐ |
| Sore Throat | ☐ | ☐ |
| Trouble swallowing | ☐ | ☐ |
| Voice change | ☐ | ☐ |
| **Respiratory** | | |
| Chronic cough | ☐ | ☐ |
| Difficulty breathing | ☐ | ☐ |
| Wheezing | | |
| **Cardiovascular** | | |
| Chest pain | ☐ | ☐ |
| Leg Swelling | ☐ | ☐ |
| Palpitations | ☐ | ☐ |
| Pacemaker | ☐ | ☐ |
| **Gastrointestinal** | | |
| Abdominal pain | ☐ | ☐ |
| Blood in stools | ☐ | ☐ |
| Constipation | ☐ | ☐ |
| Diarrhea | ☐ | ☐ |
| Nausea | ☐ | ☐ |
| Vomiting | ☐ | ☐ |
| **Genitourinary** | | |
| Difficulty urinating | ☐ | ☐ |
| Burning upon urination | ☐ | ☐ |
| Frequent urination | ☐ | ☐ |
| Blood in urine | ☐ | ☐ |
| Urgency | ☐ | ☐ |
| Sexual activity | ☐ | ☐ |

| | Yes | NO |
|---|---|---|
| **Reproductive-Female** | | |
| Breast lumps | ☐ | ☐ |
| Nipple discharge | ☐ | ☐ |
| Estrogen Replacement (current or previous) – Years _____ | ☐ | ☐ |
| Last menstrual period / | | |
| Age when periods began | | |
| Number of pregnancies: | | |
| Number of live births: | | |
| Age at 1st birth: | | |
| **Musculoskeletal** | | |
| Joint Pain/arthritis | ☐ | ☐ |
| Back Pain | ☐ | ☐ |
| Problems walking | ☐ | ☐ |
| Joint Swelling | ☐ | ☐ |
| **Skin** | | |
| Rash | ☐ | ☐ |
| Wound | ☐ | ☐ |
| **Neurologic** | | |
| Dizziness | ☐ | ☐ |
| Headaches | ☐ | ☐ |
| Numbness | ☐ | ☐ |
| Seizures | ☐ | ☐ |
| Speech difficulty | ☐ | ☐ |
| Fainting | ☐ | ☐ |
| Weakness in arms or legs | ☐ | ☐ |
| **Hematologic** | | |
| Swollen lymph nodes | ☐ | ☐ |
| Bruises/Bleed easily | ☐ | ☐ |
| **Immunology** | | |
| Rheumatoid arthritis | ☐ | ☐ |
| Lupus | ☐ | ☐ |
| Scleroderma | ☐ | ☐ |
| **Psychiatric** | | |
| Agitation | ☐ | ☐ |
| Confusion | ☐ | ☐ |
| Depressed mood | ☐ | ☐ |
| Nervous/Anxiety | ☐ | ☐ |