

**REVIEW OF SYSTEMS:**

**PLEASE INDICATE SYMPTOMS YOU HAVE HAD IN THE LAST 6 MONTHS.**

**GENERAL**

- Normal
- Wt loss? How much? \_\_\_\_\_
- Wt gain? How much? \_\_\_\_\_
- Fevers
- Chills
- Night sweats
- Fatigue

**RESPIRATORY**

- Normal
- Short of breath lying flat
- Short of breath at rest
- Short of breath with exercise
- Wheezing
- Dry cough
- Cough with sputum
- Cough up blood

**GENITOURINARY**

- Normal
- Prostate enlargement
- Urinary frequency
- Bladder infection
- Kidney failure
- Blood in urine
- Impotence
- Erectile dysfunction
- Post-menopausal

**HEMATOLOGIC**

- Normal
- Easy bruising
- Bloody nose
- Swollen lymph nodes
- Bleeding problems
- Blood clots

**EYES/ENT**

- Normal
- Vision loss
- Hearing loss
- Sore throat
- Hoarseness
- Sinus infection
- Dizziness

**CARDIOVASCULAR**

- Normal
- Irregular heart beat
- Racing heart
- Chest discomfort/pain
- Blackouts/passing out

**MUSCULOSKELETAL**

- Normal
- Arthritis
- Back pain
- Leg swelling
- Varicose veins
- Leg ulcers (sores)
- Neck pain
- Leg cramping/discomfort
- Foot pain at night
- Weakness
- Extremity pain

**ENDOCRINE**

- Normal
- Hyperthyroidism
- Hypothyroidism
- Hot flashes

**NEUROLOGICAL**

- Normal
- Headaches
- Weakness
- Confusion
- Stroke
- Temporary paralysis
- Seizures

**GASTROINTESTINAL**

- Normal
- Jaundice/liver problem
- Abdominal pain
- Nausea
- Vomiting
- Blood in stool
- Diarrhea
- Constipation
- Indigestion/reflux
- Heartburn
- Difficulty swallowing
  - liquids
  - solids
- Lack of appetite

**INTEGUMENTARY**

- Normal
- Rash
- Itching
- Skin lesions
- Finger/toenail problem
- Profuse sweating

**PSYCHIATRIC**

- Normal
- Depression
- Anxiety
- Panic attacks

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_