

NAME _____ **DOB** ____/____/____

PLEASE CIRCLE ALL THAT APPLY

CONSTITUTIONAL

fatigue
fever
night sweats
weakness
weight gain
weight loss

CARDIOVASCULAR

arrhythmia (heart rate disorder)
calf pain
chest pressure or discomfort
irregular heartbeat/palpitations
legs swelling
tachycardia (rapid heart beat)

METABOLIC/ENDOCRINE

cold intolerance
heat intolerance
polydipsia (excessive thirst)
polyphagia (excessive hunger)
polyuria (excessive urination)

INTEGUMENTARY

abnormal hair distribution
dry skin rash
hives skin changes
itching skin skin lesion
nail changes skin nodules
skin sores
ulcer

HEENT

exophthalmos (protruding eye ball)
hearing loss
hoarseness
lump in neck
nasal congestion
sinus problems
sore throat
tinnitus (ringing ears)
vertigo

GASTROINTESTINAL

abdominal pain
black tarry stools
constipation
decreased appetite
diarrhea
dysphagia (difficulty swallowing)
food intolerance
heartburn
increased appetite
jaundice
nausea
vomiting

NEUROLOGICAL

balance disturbances
dizziness
focal weakness
headache
memory difficulty
numbness of extremities

MUSCULOSKELETAL

arthralgia (joint pain)
back pain
fracture
gait disturbance
joint stiffness
joint swelling
muscle cramping
muscle weakness

OVER ↓

RESPIRATORY

asthma
 cough
 dyspnea (shortness of breath)
 dyspnea on exertion
 hemoptysis (cough up blood)
 wheezing

GENITOURINARY

dysuria (difficult/painful urination)
 genital lesions
 hematuria (blood in urine)
 irregular menses
 urethral discharge
 urgency

PSYCHIATRIC

depressed mood
 emotional changes
 euphoria
 frequent nightmares
 hallucinations
 insomnia
 Irritability
 nervousness
 stress

HEMATOLOGIC/LYMPHATIC

bleeding lymphadenopathy (swollen/enlarged lymph nodes)
 bruising tender lymph nodes

IMMUNOLOGIC

environmental allergies
 food allergies
 seasonal allergies

OTHER

FAMILY AND PERSONAL HISTORY

Glaucoma
 Diabetes
 Cataracts
 High blood pressure
 Heart Disease

FOR OFFICE USE ONLY

REVIEW OF SYSTEMS DONE TECHNICIAN

DATE

This sheet should be given to the Technician in the exam room.