

Patient Review of Systems		Patient Name:		Date: (mm/dd/yyyy)		
		Birth Date:		Sex: M	F	Race:
		Marital Status: Single		Married	Divorced	Widowed
Please check if you have recently experienced any of the following:						
GENERAL	RESPIRATORY	GI	Skin / Breast			
trouble sleeping	cough	nausea	rash			
always tired	shortness of breath	vomiting / dry heaves	lesions / moles			
loss of appetite	breathing discomfort	heartburn	recurrent boils			
weight loss	wheezing	bloating	discoloring			
weight gain	snoring	constipation	irregular growth			
recurrent infection	sleep apnea (stop breathing-	diarrhea	itching			
excessive thirst	while sleeping)	loose stools	breast pain			
fever	CVS	black / bloody stools	discharge from nipples			
chills	chest pain	rectal bleeding	breast lump(s)			
night sweats	palpitations	abdominal pain				
hot flashes	discomfort in chest		NEUROLOGICAL			
	calf / leg pain	GU	blackouts			
HEENT	ankle swelling	excessive urination	headache			
hay fever		urinary urgency	dizziness			
sinus pain	MUSCULOSKELETAL / EXREMETIES	pain with urination	poor balance			
blurred vision	swollen joints	difficulty with urination	memory loss			
eye pain	stiffness in muscles	blood in urine	tremors			
red eyes	stiffness in joints	waking to urinate at night	visual disturbances			
watery eyes	muscle aches	weak stream	tingling, numbness, or			
itchy eyes	stiff neck	pelvic pain	(cont.) weakness in hands or feet			
hearing loss	back pain	irregular periods	paralysis			
ear pain	neck pain	impotence				
ear drainage		vaginal yeast infection	Psychiatric			
ringing in ears	LYMPHATIC / HEMATOLOGIC	lack of sex drive	anxiety			
runny nose	swollen glands	unable to have orgasm	fear			
congested nose	easy bruising		depression			
hoarseness	free bleeder	FEMALES	change on behavior			
swallowing pain		last pap	loss of interest in hobbies			
sore throat	Other:	last period	hallucinations			
Other:	Other:	last mamogram	difficulty concentrating			
Major illness / Surgeries in the last year:			Significant Illnesses of Family Members			
Doctor's Notes:						