



CHECKLIST:
Review of Systems

Patient Name _____

DOB: _____

Constitutional (General)

- Fever
- Night Sweats
- Weight Gain
- Weight Loss
- Exercise Intolerance
- None of the Above

Eyes

- Dry Eyes
- Irritation
- Vision Change
- None of the Above

Ears

- Difficulty Hearing
- Ear Pain
- None of the Above

Nose

- Frequent Nosebleeds
- Nose/Sinus Problems
- None of the Above

Mouth/Throat

- Sore Throat
- Bleeding Gums
- Snoring
- Dry Mouth
- Oral Abnormalities
- Mouth Ulcer
- Teeth Abnormalities
- Mouth Breathing
- None of the Above

Cardiovascular

- Chest Pain on Exertion
- Arm Pain on Exertion
- Shortness of Breath when Walking
- Shortness of Breath when Lying Down
- Palpitations
- Known Heart Murmur
- Light-headed on Standing
- None of the Above

Respiratory

- Cough
- Wheezing
- Shortness of Breath
- Coughing up Blood
- Sleep Apnea
- None of the Above

Gastrointestinal

- Abdominal Pain
- Vomiting
- Change in Appetite
- Black or Tarry Stools
- Frequent Diarrhea
- Vomiting Blood
- None of the Above

Genitourinary

- Urinary Loss of Control
- Difficulty Urinating
- Increased Urinary Frequency
- Hematuria
- Incomplete Emptying
- None of the Above

Musculoskeletal

- Muscle Aches
- Muscle Weakness
- Arthralgias/Joint pain
- Back Pain
- Swelling in Extremities
- None of the Above

Skin

- Abnormal Mole
- Jaundice
- Rash
- Itching
- Dry Skin
- Growth/Lesions
- None of the Above

Neurologic

- Loss of Consciousness
- Weakness
- Numbness
- Seizures
- Dizziness
- Frequent or Severe Headaches
- Migraines
- Restless Legs
- None of the Above

Endocrine

- Fatigue
- Increased Thirst
- Hair Loss
- Increased Hair Growth
- Cold Intolerance
- None of the Above

Hematologic/Lymphatic

- Swollen Glands
- Easy Bruising
- Excessive Bleeding
- None of the Above

Allergic/Immunologic

- Runny Nose
- Sinus Pressure
- Itching
- Hives
- Frequent Sneezing
- None of the Above

Physician's Signature _____

Date _____

Patient Signature _____

Date _____