Name: _____ Birth Date: ___/___/___ Date: ___/___/___

REVIEW OF SYSTEMS

Please check any of the following boxes that apply to you NOW.

CONSTITUTIONAL

- ☐ Weight loss
- ☐ Weight gain
- ☐ Fever
- ☐ Night sweats
- ☐ Hot flashes

EYES

- ☐ Double vision
- ☐ Vision changes

HEAD/EARS/NOSE/THROAT

- ☐ Headaches
- ☐ Migraines with aura
- ☐ Dizziness
- ☐ Sore throat
- ☐ Sinus pain
- ☐ Nose bleeding
- ☐ Thyroid mass
- ☐ Neck pain

MUSCULOSKELETAL

- ☐ Joint pain or swelling
- ☐ Muscle pain
- ☐ Back pain

GASTROINTESTINAL

- ☐ Nausea
- ☐ Vomiting
- ☐ Diarrhea
- ☐ Constipation
- ☐ Abdominal pain
- ☐ Bloody/black stool
- ☐ Hemorrhoids
- ☐ Jaundice

GENITOURNARY

- ☐ Urgency or urination
- ☐ Frequency of urination
- ☐ Pain with urination
- ☐ Nighttime urination
- ☐ Leaking urine with sneeze
- ☐ Blood in urine
- ☐ Decreased sex drive
- ☐ Painful intercourse
- ☐ Possible pregnancy
- ☐ Genital sores
- ☐ STD exposure
- ☐ Vaginal discharge
- ☐ Vaginal itching
- ☐ Vaginal odor
- ☐ Vaginal irritation

NEUROLOGICAL

- ☐ Muscular weakness
- ☐ Numbness or tingling
- ☐ Difficulty concentrating
- ☐ Memory difficulties
- ☐ Speech difficulties
- ☐ Seizures
- ☐ Loss of balance

HEMATOLOGIC/LYMPHATIC

- ☐ Bruises, frequently or easily
- ☐ Cuts do not stop bleeding
- ☐ Enlarged lymph nodes

PSYCHIATRIC

- ☐ Premenstrual syndrome (PMS)
- ☐ Anxiety
- ☐ Depression
- ☐ Impulsive behavior
- ☐ Suicidal thoughts
- ☐ Excessive anger
- ☐ Mood swings
- ☐ Emotional abuse
- ☐ Physical abuse
- ☐ Sexual abuse

RESPIRATORY

- ☐ Wheezing
- ☐ Coughing
- ☐ Shortness of breath
- ☐ Spitting up blood

BREAST

- ☐ Lumps
- ☐ Tenderness
- ☐ Swelling
- ☐ Discharge
- ☐ Pain in breast
- ☐ Abnormal changes

SKIN

- ☐ Rashes
- ☐ Itching
- ☐ Skin dryness
- ☐ Skin lesions
- ☐ Changes to lesions or moles
- ☐ Acne

ENDOCRINE

- ☐ Loss of hair
- ☐ Difficulty tolerating cold
- ☐ Difficulty tolerating heat

CARDIOVASCULAR

- ☐ Chest pain
- ☐ Irregular heartbeats
- ☐ Rapid heart rate
- ☐ Fainting
- ☐ Swelling of legs
- ☐ Varicose veins

ALLERGIC/IMMUNOLOGIC

- ☐ Frequent illness
- ☐ Seasonal allergies

Last Menstrual period ___ /___ /___

OTHER

1) International travel this year? _____

2) Fall risk? _____

_____