REVIEW OF SYSTEMS

Check all of the conditions that <u>you are currently</u> having. Include <u>ONLY</u> present conditions.

CONSTITUTIONAL	✓	NOTES
Fever		
Chills		
Fatigue		
Weight Loss		
Weight Gain		
EYES		
Change in Vision		
Double Vision		
HEENT		
Ear Aches		
Ringing in ears		
Sinus Problems		
Sore Throat		
Mouth Sores		
Dry Mouth		
CARDIOVASCULAR		
Chest Pain		
Difficulty Breathing on exertion		
Swelling of legs		
Palpitations		
Heart Murmurs		
RESPIRATORY		
Wheezing		
Spitting up blood		
Shortness of Breath		
Cough		
GASTROINTESTINAL		
Diarrhea		
Constipation		
Nausea/vomiting		
Bloody Stool		
Abdominal Pain		
Indigestion		
Bloating		
Liver Problem/Hepatitis		
GENITOURINARY		
Blood in Urine		
Pain with Urination		
Urgency		
Urinary Incontinence		
Urinary Frequency		

GENITOURINARY	✓	NOTES
Abnormal Bleeding		
Vaginal Discharge/odor		
Vaginal Itching/burning		
Pelvic Pain		
Menstrual Cramps		
Painful Intercourse		
Genital Lump		
Fertility Concerns		
Menopausal Concerns		
MUSCULOSKELETAL		
Muscle Weakness		
Joint Stiffness		
Joint Pain		
Joint Swelling		
SKIN/BREAST		
Breast Pain		
Nipple Discharge		
Breast Lumps		
Rash		
Ulcers		
PSYCHIATRIC		
Depression		
Mood Swings		
Anxiety		
Suicidal Thoughts		
Homicidal Thoughts		
ENDOCRINE		
Abnormal Thirst		
Hot Flashes		
Tremors		
Cold/Heat Intolerance		
HEMATOLOGIC		
Frequent Bruising		
Cuts do not stop bleeding		
Enlarged Lymph nodes		
OTHER		
Chronic pain		