

## Review of Systems Checklist

Please put a check mark by any symptoms that you have had recently. Please check "none" if you have not noticed any of the symptoms listed in that category.

### Cardiovascular:

- Chest pain
- Shortness of breath
- Swelling of the feet
- Racing Pulse
- Irregular heart beat
- Is your blood pressure under control?
  - Yes
  - No
  - Unsure
- None

### Constitutional:

- Fever
- Weight loss
- Fatigue
- Loss of Appetite
- Chills
- Night Sweats
- Poor appetite
- None

### Endocrine:

- Excess thirst
- Excessive urination
- Heat Intolerance
- Cold Intolerance
- Hair loss
- Dry skin
- Is your blood sugar under control?
  - Yes
  - No
  - Unsure
- None

### Gastrointestinal:

- Abdominal pain
- Nausea
- Diarrhea
- Bloody stools
- Stomach Ulcers
- Constipation
- Trouble Swallowing
- Jaundice/yellow skin
- None

### Genitourinary:

- Genital sores or ulcers
- Kidney Failure/Problems
- Kidney stones
- Painful/difficult urination (Prostatitis)
- Testicular pain
- Urinary discharge
- None

### Hematology/Oncology:

- Easy bruising
- Prolonged bleeding
- None

### HENT:

- Hearing loss
- Sore throat
- Runny nose
- Dry mouth
- Jaw Claudication (pain in jaw when chewing)
- Ear ache
- None

### Integumentary:

- Rash
- Change in mole
- Skin sores
- Skin cancer
- Sever itching
- Loss of hair
- None

### Musculoskeletal:

- Muscle aches
- Joint pain
- Difficulty laying flat due to muscle pain
- Back pain
- None

### Neurologic:

- Weakness
- Headaches
- Scalp tenderness
- Dizziness
- Paralysis of extremities
- Tremor
- Stroke
- Numbness or tingling
- Seizures or convulsions
- Fainting
- None

### Respiratory:

- Wheezing
- Cough
- Coughing up blood
- Severe or Frequent colds
- Difficulty breathing
- None

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date Completed: \_\_\_\_\_