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Patient Name: _____

Date: _____

CHECKLIST: Review of Systems

General-

- Weight loss or gain
- Fatigue
- Fever or chills
- Weakness
- Trouble sleeping

Skin-

- Rashes
- Lumps
- Itching
- Dryness
- Color changes
- Hair and nail changes

Head-

- Headache
- Head injury
- Neck Pain

Ears-

- Decreased hearing
- Ringing in ears
- Earache
- Drainage

Eyes-

- Vision Loss/Changes
- Glasses or contacts
- Pain
- Redness
- Blurry or double vision
- Flashing lights
- Specks
- Glaucoma
- Cataracts
- Last eye exam

Nose-

- Stuffiness
- Discharge
- Itching
- Hay fever
- Nosebleeds
- Sinus pain

Throat-

- Bleeding
- Dentures
- Sore tongue

- Dry mouth
- Sore throat
- Hoarseness
- Thrush
- Non-healing sores

Neck-

- Lumps
- Swollen glands
- Pain
- Stiffness

Breasts-

- Lumps
- Pain
- Discharge
- Self-exams
- Breast-feeding

Respiratory-

- Cough
- Sputum
- Coughing up blood
- Shortness of breath
- Wheezing
- Painful breathing

Cardiovascular-

- Chest pain or discomfort
- Tightness
- Palpitations
- Shortness of breath with activity
- Difficulty breathing lying down
- Swelling
- Sudden awakening from sleep with shortness of breath

Gastrointestinal-

- Swallowing difficulties
- Heartburn
- Change in appetite
- Nausea
- Change in bowel habits
- Rectal bleeding
- Constipation
- Diarrhea

- Yellow eyes or skin

Urinary-

- Frequency
- Urgency
- Burning or pain
- Blood in urine
- Incontinence
- Change in urinary strength

Vascular-

- Calf pain with walking
- Leg cramping

Musculoskeletal-

- Muscle or joint pain
- Stiffness
- Back pain
- Redness of joints
- Swelling of joints
- Trauma

Neurologic-

- Dizziness
- Fainting
- Seizures
- Weakness
- Numbness
- Tingling
- Tremor

Hematologic-

- Ease of bruising
- Ease of bleeding

Endocrine-

- Head or cold intolerance
- Sweating
- Frequent urination
- Thirst
- Change in appetite

Psychiatric-

- Nervousness
- Stress
- Depression
- Memory loss