



Review of Systems

Chart # _____

Name: _____ Date: _____

Please take a few moments to review the following list and circle any problems you are currently having. This will assist your healthcare provider in addressing your concerns and make your time together more productive.

- General: Weight loss Weight gain Fever or Chills Fatigue Sweats Trouble sleeping
Joint pain Smoking ___packs per day Alcoholic Drinks: _____drinks per week
- Skin: Rash Pigmented moles Frequent sunburns Concerns about skin cancer
- Head: Headache Dizziness Seizures Fainting Stroke Head Injury Memory loss
- Emotions: Depression Anxiety High stress Excessive worry Drug or Alcohol issues
- Ears: Hearing problems Ear infections Ringing Vertigo Stopped Up Hearing Aids
- Nose: Hay fever Nose bleeds...Allergies Sinus problems Loss of smell
- Mouth: Dental cavities Dentures Bleeding gums Tooth pain Canker or cold sores
- Throat: Hard time swallowing Frequent sore throat Speech problems
- Neck: Swollen lymph nodes Thyroid problems Lumps Goiter Neck Pain Injury
- Breasts: Lumps.....Pain.....Nipple discharge.....Skin changes (texture / color / other)
- Lungs: Asthma Shortness of breath Cough Wheezing Tuberculosis Pneumonia
- Heart: Chest pain Murmurs Palpitations Heart disease Irregular pulse Angina
- Digestion: Poor appetite Nausea / Vomiting Heartburn Abdominal pain Constipation
Diarrhea Abnormal bowel movements Blood in stool Liver or gallbladder problems
- Urinary: Frequent or painful urination Blood in urine Urinary accidents
- Genital: Infection Warts Herpes Impotence Rapid ejaculation Vaginal dryness
Loss of interest in sex Penile or vaginal discharge
- Hands & Arms: Pain in arms Pain in hands / fingers Wrist pain.....Numbness Weakness
- Legs & Feet: Pain in legs knee pain Hip pain Foot pain Tingling.....Numbness Weakness
- Back & Spine: Low back pain Mid-back pain Upper back pain Neck pain Back injuries
- Hormones: Thyroid disease Unable to tolerate hot or cold Frequent urination increased thirst
- Blood: Anemia Easy bruising

Please mention any other Symptoms or concerns to the medical assistant or your healthcare provider.