NAME_____ DATE_____

Checklist: Review of Systems (Please check boxes that apply)

Constitutional ☐ weight loss ☐ weight gain ☐ fatigue ☐ general weakness ☐ fever

Eye ☐ visual changes ☐ eye pain ☐ double vision ☐ blurry vision
☐ flashing lights

Ears, nose, throat ☐ runny nose ☐ stuffy nose ☐ frequent nose bleeds ☐ stuffy ears
☐ ear pain ☐ ringing in ears ☐ hearing loss

Cardiovascular ☐ chest pain ☐ exercise intolerance ☐ palpitations ☐ faintness,
☐ Lightheadedness upon standing

Respiratory ☐ cough ☐ sputum ☐ wheeze ☐ shortness of breath

Gastrointestinal ☐ abdominal pain ☐ difficulty swallowing ☐ nausea ☐ vomiting
☐ bloody stools ☐ black tarry stools ☐ heartburn ☐ yellow eyes or skin
☐ diarrhea ☐ constipation

Genitourinary Urinary: ☐ incontinence ☐ pain ☐ night urination ☐ hesitancy ☐ bloody
Female: ☐ menopause ☐ low sex drive ☐ vaginal-discharge
☐ heavy menses ☐ hot flashes ☐ trouble reaching orgasm
Male: ☐ low sex drive ☐ erectile dysfunction ☐ pain with sex
☐ trouble reaching orgasm

Musculoskeletal ☐ falls ☐ muscle pain ☐ stiffness ☐ joint swelling ☐ joint pain ☐ arthritis
☐ back pain

Skin/Breast ☐ itching ☐ rashes ☐ excessive dryness ☐ hair loss
☐ breast pain or discharge

Neurological ☐ limb weakness ☐ seizures ☐ fainting ☐ headache ☐ pins and needles
☐ numbness ☐ poor balance ☐ speech problems ☐ dizziness ☐ tremor

Endocrine ☐ sweaty ☐ excessive thirst ☐ excessive amounts of urine
☐ heat or cold intolerance, **Female**: ☐ irregular periods

Blood System ☐ anemia ☐ excessive bleeding ☐ easy bruising

Immunologic ☐ recurrent infections ☐ allergic reactions ☐ swelling of lymph nodes