

NAME \_\_\_\_\_

DATE \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

## 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