

REVIEW OF SYSTEMS *(Please circle all that apply or check denies all box on all categories.)*

General: Fevers, chills, sweats, anorexia, tiredness, general feeling of illness, unexpected weight loss, weight gain, weakness **Denies all**

Eyes: Blurring, double-vision, irritation, discharge, watering, vision loss, eye pain, sensitive to light, history of glaucoma, wear glasses, wear contacts **Denies all**

Ears/Nose/Throat: Earache, ear discharge, ringing, decreased hearing, history of sinus problems, nosebleeds, sore throat, hoarseness, difficulty swallowing, nasal polyps, mouth lesions, bleeding gums, headaches, migraines **Denies all**

Cardiovascular: Chest pains, palpitations, fainting, difficulty breathing with activity, difficulty breathing when laying flat, waking up at night due to difficulty breathing, swelling of arms/legs, heart murmur, high blood pressure, heart attack, stroke **Denies all**

Respiratory: Cough, shortness of breath, excessive sputum, coughing up blood, wheezing, tuberculosis, recent pneumonia, tightness, inspiration pain, snoring **Denies all**

Gastrointestinal: Nausea, vomiting, diarrhea, constipation, change in bowel habits, abdominal pain, bowel movements are black/tarry, bowel movements are red/bloody, jaundice, loss of appetite, difficulty swallowing, hepatitis, history of ulcers, heartburn, gastric reflux, unable to control bowel movements, hemorrhoids **Denies all**

Genitourinary (Female): Vaginal discharge, cannot control urine, pain with urination, blood in urine, urinary frequency, absence of monthly period, heavy period, pain with period, abnormal vaginal bleeding, pelvic pain, burning with urination, history of venereal disease, urinary urgency, flank pain, urinary retention, numbness/tingling in groin area **Denies all**

Genitourinary (Male): Pain with urination, blood in urine, discharge, urinary frequency, urinary hesitancy, frequent urination at night, no control of urine, genital sore, decreased sex drive, urinary urgency, flank pain, urinary retention, numbness/tingling in groin area **Denies all**

Musculoskeletal: Leg pain, back pain, joint pain, joint swelling, muscle pain/cramps, muscle weakness, stiffness, arthritis, instability, redness to joints, joint feels hot, loss of balance/wobble, drop items, loss of dexterity, weakness to arms, weakness to legs, back of thigh pain **Denies all**

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Skin: Rash, itching, dryness, suspicious lesions, excessive bruising, skin changes, poor healing, redness **Denies all**

Neurologic: Cannot move body part, weakness, seizures, fainting, tremors, dizziness, unsteady with walking, pain to back of head, numbness/tingling in arms, numbness/tingling in legs **Denies all**

Psychiatric: Depression, anxiety, memory loss, mental disturbance, suicidal thoughts, hallucinations, paranoia, nervousness, chronic pain **Denies all**

Endocrine: Cold intolerance, heat intolerance, excessive eating, excessive thirst, excessive urination, weight change, history of diabetes, history of thyroid disease, frequent urination, frequent thirst, changes in hair/skin texture **Denies all**

Hematologic/Lymphatic: Abnormal bruising, bleeding, enlarged lymph nodes, bleeds easily, or bruises easily **Denies all**

Allergic/Immunologic: Hives/rash, hay fever, persistent infections, HIV exposure **Denies all**

Physician/Practitioner You're Seeing Today's Visit: _____

Patient Name (Printed): _____ **Date Of Birth:** _____

Patient Signature: _____ **Date:** _____ **Time:** _____