

Review of Systems

Patient Name: _____ **Date:** _____

Please circle one of the following if you have or have had any of these symptoms: Present (Pr), Past (P), Never (N)

Cardiovascular:

Poor circulation	Pr	P	N
High blood pressure	Pr	P	N
Aortic Aneurism	Pr	P	N
Heart Disease	Pr	P	N
Vascular Disease	Pr	P	N
Heart Attack	Pr	P	N
Chest Pain	Pr	P	N
High Cholesterol	Pr	P	N
Pace Maker	Pr	P	N
Jaw Pain	Pr	P	N
Irregular Heartbeat	Pr	P	N
Swelling of the legs	Pr	P	N

Genitourinary:

Kidney Disease	Pr	P	N
Lower side pain	Pr	P	N
Burning Urination	Pr	P	N
Frequent Urination	Pr	P	N
Blood in Urine	Pr	P	N

Hematologic/Lymphatic:

Hepatitis	Pr	P	N
Blood Clots	Pr	P	N
Cancer	Pr	P	N
Easy Bruising	Pr	P	N
Easy Bleeding	Pr	P	N
Fever/Chills/Sweats	Pr	P	N

Respiratory:

Asthma	Pr	P	N
Tuberculosis	Pr	P	N
Shortness of Breath	Pr	P	N
Emphysema	Pr	P	N
Cold/Flu	Pr	P	N
Cough/Wheezing	Pr	P	N

Ears/Nose/Throat:

Dizziness	Pr	P	N
Hearing Loss	Pr	P	N
Sinus Infection	Pr	P	N
Nosebleed	Pr	P	N
Sore Throat	Pr	P	N
Difficulty Swallowing	Pr	P	N
Bleeding Gums	Pr	P	N

Eyes:

Glaucoma	Pr	P	N
Double Vision	Pr	P	N
Blurred Vision	Pr	P	N

Integumentary:

Skin Lesions	Pr	P	N
Skin Ulcers	Pr	P	N
Skin Disease	Pr	P	N
Eczema	Pr	P	N
Psoriasis	Pr	P	N
Rashes	Pr	P	N

Allergic/Immunologic:

Hives	Pr	P	N
Immune Disorders	Pr	P	N
HIV/AIDS	Pr	P	N
Allergy Shots	Pr	P	N
Cortisone Use	Pr	P	N
Medication	Pr	P	N

Gastrointestinal:

Gallbladder Problems	Pr	P	N
Bowel Problems	Pr	P	N
Constipation	Pr	P	N
Liver Problems	Pr	P	N
Ulcers	Pr	P	N
Diarrhea	Pr	P	N
Nausea/Vomiting	Pr	P	N
Bloody stools	Pr	P	N
Poor Appetite	Pr	P	N

Musculoskeletal:

Gout	Pr	P	N
Arthritis	Pr	P	N
Joint Stiffness	Pr	P	N
Muscle Weakness	Pr	P	N
Osteoporosis	Pr	P	N
Broken Bones	Pr	P	N
Joints Replaced	Pr	P	N

