



## REVIEW OF SYSTEMS

### Constitutional Symptoms

Fever:  Yes  No  
 Chills:  Yes  No  
 Headache:  Yes  No  
 Other:  Yes  No

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### Cardiovascular

Varicose Veins:  Yes  No  
 Chest pain:  Yes  No  
 High Blood Pressure:  Yes  No  
 Other:  Yes  No

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### Eyes

Blurred Vision:  Yes  No  
 Double Vision:  Yes  No  
 Pain:  Yes  No  
 Other:  Yes  No

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### Skin

Skin Rash:  Yes  No  
 Boils:  Yes  No  
 Persistent Itch:  Yes  No  
 Other:  Yes  No

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### Allergic/Immunologic

Hay Fever:  Yes  No  
 Drug Allergies:  Yes  No  
 Other:  Yes  No

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### Musculoskeletal

Muscle Weakness:  Yes  No  
 Joint Pain:  Yes  No  
 Back Pain:  Yes  No  
 Other:  Yes  No

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### Neurological

Tremors:  Yes  No  
 Dizzy Spells:  Yes  No  
 Numbness/Tingling:  Yes  No  
 Other:  Yes  No

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### Ear/Nose/Throat/Mouth

Headache:  Yes  No  
 Sinus Problems:  Yes  No  
 Other:  Yes  No

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### Endocrine

Excessive Thirst:  Yes  No  
 Diabetes:  Yes  No  
 Hypothyroid:  Yes  No  
 Other:  Yes  No

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### Genitourinary

Urine Retention:  Yes  No  
 Painful Urination:  Yes  No  
 Urinary Frequency:  Yes  No  
 Urinary Urgency:  Yes  No  
 Urinary Leaking:  Yes  No

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### Gastrointestinal

Abdominal Pain:  Yes  No  
 Nausea/Vomiting:  Yes  No  
 Indigestion/Heartburn:  Yes  No  
 Other:  Yes  No

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### Respiratory

Wheezing:  Yes  No  
 Frequent Cough:  Yes  No  
 Shortness of Breath:  Yes  No  
 Other:  Yes  No

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### Hematologic/Lymphatic:

Swollen Glands:  Yes  No  
 Bruises:  Yes  No  
 Other:  Yes  No

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### Psychologic

Depression:  Yes  No  
 Crying:  Yes  No  
 Other:  Yes  No

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