

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**REVIEW OF SYSTEMS (Are you currently experiencing any of these conditions? check all that apply)**

**Constitutional:**

- Fatigue
- Fever
- Night Sweats
- Weakness
- Weight Gain
- Other: \_\_\_\_\_

**Cardiovascular:**

- Arrhythmia
- Calf Pain
- Chest Pressure Or Discomfort
- Irregular Heartbeat/Palpitations
- Leg Swelling
- Other: \_\_\_\_\_

**Metabolic/Endocrine:**

- Cold Intolerance
- Heat Intolerance
- Polydipsia
- Polyphagia
- Polyuria
- Other: \_\_\_\_\_

**Integumentary:**

- Abnormal Hair Distribution
- Dry Skin
- Hives
- Nail Changes
- Rash
- Other: \_\_\_\_\_

**HEENT:**

- Exophthalmos
- Hearing Loss
- Hoarseness
- Lump In Neck
- Nasal Congestion
- Sinus Problems
- Other: \_\_\_\_\_

**Gastrointestinal:**

- Abdominal Pain
- Black Tarry Stools
- Constipation
- Decreased Appetite
- Diarrhea
- Dysphagia
- Other: \_\_\_\_\_

**Neurological:**

- Balance Disturbances
- Dizziness
- Focal Weakness
- Headaches
- Memory Difficulty
- Numbness Of Extremities
- Other: \_\_\_\_\_

**Musculoskeletal:**

- Arthralgias
- Back Pain
- Fracture
- Joint Stiffness
- Muscle Cramping
- Muscle Weakness
- Other: \_\_\_\_\_

**Respiratory:**

- Asthma
- Cough
- Dyspnea
- Dyspnea On Exertion
- Hemoptysis
- Wheezing
- Other: \_\_\_\_\_

**Genitourinary:**

- Dysuria
- Genital Lesions
- Hematuria
- Irregular Menses
- Urethral Discharge
- Urgency
- Other: \_\_\_\_\_

**Immunologic:**

- Environmental Allergies
- Food Allergies
- Seasonal Allergies
- Other: \_\_\_\_\_

**Hematologic/Lymphatic:**

- Bleeding
- Bruising
- Lymphadenopathy
- Tender Lymph Nodes
- Other: \_\_\_\_\_

**Psychiatric:**

- Depressed Mood
- Emotional Changes
- Euphoria
- Frequent Nightmares
- Hallucinations
- Insomnia
- Irritability
- Nervousness
- Stress
- Other: \_\_\_\_\_

**If none of these symptoms apply check here: N/A \_\_\_\_\_**