

REVIEW OF SYSTEMS: Please mark with an X symptoms that apply to you					
Constitutional	Cardiovascular	Reproductive	Neurologic	Musculoskeletal	
Chills	Chest pain	Abnormal pap smear	Dizziness	Back pain	
Fatigue	Leg cramps	Pain with menses	Extremity numbness	Joint pain	
Fever	Leg swelling	Pain with sex	Extremity weakness	Joint Swelling	
Malaise	Palpitations	Hot flashes	Gait disturbance	Muscle weakness	
Night sweats		irregular menses	Headache	neck pain	
Weight gain	Gastrointestinal	Vaginal discharge	Memory impairment		
Weight loss	Abdominal pain		Seizures	Hematologic	
	Blood in stools	Integumentary	Tremors	Easy bleeding	
Eyes, ears, throat	Change in stools	Breast discharge		Easy bruising	
Ear discharge	Constipation	Breast lump	Psychiatric	Swollen lymph nodes	
Ear pain	Diarrhea	Brittle hair	Anxiety		
Eye discharge	Heartburn	Brittle nails	Depression	Immune system	
Eye pain	Loss of appetite	Hair loss	Insomnia	Contact allergy	
Hearing loss	Nausea	Increased hair growth		Environmental allergies	
Nasal discharge	Vomiting	Hives	Metabolic	Food Allergies	
Sinus pressure		Itching	Cold intolerance	Seasonal allergies	
Sore throat	Genitourinary	Mole changes	Heat intolerance		
Visual changes	Pain with urination	Rash	Excess water intake		
	Blood in urine	Skin lesion	Excess eating		
Respiratory	Frequent urination	Other: (please specify)			
Chronic cough	Urine incontinence				
New cough	Urine retention				
Known TB exposure					
Shortness of breath					
Wheezing					

Patient Name:

Patient DOB:

MR#