

REVIEW OF SYSTEMS

- Constitutional: Negative Weight loss Weight gain Fever
 Fatigue Tallest Height:____ft.____in.
- Eyes: Negative Vision change Loss of vision
- Ear, Nose & Throat: Negative Ulcers Sinusitis
 Headache Hearing loss
- Cardiovascular: Negative Chest pain Swelling of lower extremities
 Difficulty breathing with exercise
- Respiratory: Negative Wheezing Coughing Blood
 Cough Shortness of breath
- Gastrointestinal: Negative Diarrhea Blood in stool Pain
 Constipation Nausea/vomiting/indigestion
 Involuntary loss of stool
- Genitourinary: Negative Loss of urine with cough / laugh / sneeze
 Incomplete emptying of bladder
 Abnormal or painful periods Pain with intercourse
 Premenstrual syndrome Bleeding between periods
 Missed periods
 Other_____
- Musculoskeletal: Negative Muscle weakness Muscle or joint pain
- Skin: Negative Rash Pigmented lesions or moles
- Breast: Negative Pain in breast Discharge Mass or lump
- Neurologic: Negative Depression Anxiety Seizures
 Trouble walking Passing-out Tremors
- Endocrine: Negative Hot flashes Night sweats Hair loss
 Heat / Cold intolerance Thyroid disorder
 Diabetes
- Hematologic: Negative Easy bruising Bleeding Lymph nodes

Date:_____ Signature:_____

(Unchanged) Date:_____ Signature:_____

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