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REVIEW OF SYSTEMS FORM

Name: *(Last, First, M.I.)*	◯ M ◯ F	**DOB:**

REVIEW OF SYSTEMS

Constitutional	☐ Fever ☐ Weight Gain ☐ Weight Loss	☐ Fatigue ☐ Chills ☐ Weakness
HEENT	☐ Impaired vision ☐ Eye Pain ☐ Eye Redness ☐ Color Blindness ☐ Double Vision ☐ Hearing Loss ☐ Ear Pain	☐ Sinus Problems ☐ Sore Throat ☐ Nose Bleeds ☐ Headache ☐ Hoarseness ☐ Tinnitus ☐ Vertigo (head spinning)
Respiratory	☐ Shortness of Breath ☐ At Rest ☐ With Activity ☐ Pain with Breathing	☐ Cough ☐ Wheezing ☐ Blood in Sputum ☐ Night Sweats
Cardiovascular	☐ Chest Pain ☐ Palpitations ☐ Claudication (muscle pain)	☐ Orthopnea ☐ Edema (swelling) ☐ PND (Paroxysmal Nocturnal Dyspnea)
Gastrointestinal	☐ Abdominal Pain ☐ Nausea ☐ Diarrhea ☐ Heartburn ☐ Vomiting	☐ Constipation ☐ Anorexia ☐ Trouble Swallowing ☐ Indigestion
Genitourinary	☐ Urinary Urgency ☐ Urinary Burning or Pain ☐ Blood in Urine ☐ Urinary Frequency	☐ Urinary Hesitancy ☐ Foamy Urine ☐ Incontinence ☐ Nocturia (urination at night)
Musculoskeletal	☐ Back Pain ☐ Neck Pain ☐ Joint Pain ☐ Muscle Pain ☐ Arm Weakness ☐ Left ☐ Right ☐ Both	☐ Leg Weakness ☐ Left ☐ Right ☐ Both
Skin	☐ Rash ☐ Itching ☐ Scaling	☐ Dryness ☐ Color Change

Neurological	☐ Numbness ☐ Tremors ☐ Seizures	☐ Tingling ☐ Fainting
Psychiatric	☐ Depression ☐ Insomnia (inability to sleep)	☐ Anxiety
Endocrine	☐ Heat Intolerance ☐ Cold Intolerance	☐ Excessive Thirst ☐ Excessive Urination
Hematology	☐ Bleeding Gums	☐ Easy Bruising
Immuno/Allergy	☐ Seasonal Allergies	☐ Hives

Other Review of Systems Not Listed Above:

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