

Review of Systems (Please circle any of the following that you have experienced in the last 3 weeks)

Constitutional

Changes in appetite Fever Recent weight gain (lbs) Fatigue
Night sweats Chills Recent weight loss (lbs)

Skin/Integumentary

Change in wart or mole Rash Sores that won't heal

Eyes

Recent changes in vision Double vision Eye pain

Ear, Nose and Throat (ENT)

Loss of hearing Nasal congestion Trouble swallowing Ringing in ears
Seasonal allergies Snoring Cold symptoms Sore throat

Respiratory

Wheezing Coughing Shortness of breath

Cardiovascular

Fainting Calf cramps Difficulty breathing on exertion chest pain
Heart rate is fast varicose veins irregular heart beat swelling of extremities

Gastrointestinal

Black tarry stool Constipation Indigestion Bloody stools
Heartburn Vomiting

Genitourinary

Blood in urine Painful intercourse Urinating at night Painful Urination
Menstrual irregularities

Musculoskeletal

Joint pain Muscle Pain

Neurological

Numbness Headaches

Psychiatric

Anxiety Depression Substance abuse

Endocrine

Cold intolerance Heat intolerance Excessive urination

Heme/Lymph

Easy bruising Enlarged lymph nodes

List all medication changes since you were here last
