

Review of Systems/Symptom Checklist

Today's date

Patient's Full Name

Patient Date of Birth

PLEASE MARK ANY OF THE FOLLOWING SYMPTOMS YOU HAVE HAD
RECENTLY

General

- | | | |
|--------------------------------------|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Weight gain | <input type="checkbox"/> Weight loss | <input type="checkbox"/> Chills |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Fatigue | <input type="checkbox"/> NONE |

Eyes

- | | | |
|---|---|-------------------------------|
| <input type="checkbox"/> Change in vision | <input type="checkbox"/> Blurred vision | <input type="checkbox"/> NONE |
|---|---|-------------------------------|

Ears, Nose, Throat

- | | | |
|--|--|---|
| <input type="checkbox"/> Ear pain | <input type="checkbox"/> Change in hearing | <input type="checkbox"/> Nasal congestion |
| <input type="checkbox"/> Frequent runny nose | <input type="checkbox"/> Sore throat | <input type="checkbox"/> NONE |

Cardiovascular

- | | |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Chest pain | <input type="checkbox"/> Palpitations |
|-------------------------------------|---------------------------------------|

Swelling of the feet or ankles

NONE

Respiratory

Cough

Shortness of breath

Wheezing

NONE

Gastrointestinal

Abdominal pain

Acid reflux

Constipation

Diarrhea

Nausea

Vomiting

NONE

Male Reproductive

**If applicable*

Difficulty with erections

Sexual concerns

Testicular lumps/pain

Female Reproductive

**If applicable*

Vaginal discharge

Pelvic pain

Irregular periods

Sexual concerns

NONE

Urinary

Frequent urination

Pain with urination

Blood in urine

Urinary incontinence

Difficulty passing urine/weak stream

NONE

Musculoskeletal

Joint pain Joint swelling NONE

Skin/Breast

 Rash Dry skin Breast mass/lump Nipple discharge NONE

Blood/Lymphatic

 Easy bruising Excessive bleeding Swollen glands NONE

Endocrine

 Intolerance to heat Intolerance to cold Excessive thirst NONE

Neurologic

 Headaches Dizziness Memory loss NONE

Psychiatric

 Anxiety Depression Sleep problems NONE