

## REVIEW OF SYSTEMS – INITIAL VISIT

HAVE YOU HAD ANY PROBLEMS RELATED TO THE FOLLOWING SYMPTOMS IN THE **PAST MONTH**? CIRCLE YES OR NO

Today's Date: \_\_\_\_\_ Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

GENERAL			GENITOURINARY		
Fatigue	Y	N	Blood in Urine	Y	N
Fever / Chills	Y	N	Menstrual Irregularity	Y	N
Night Sweats	Y	N	Painful Menstrual Cycle	Y	N
Weight Gain	Y	N	Vaginal Discharge	Y	N
Weight Loss	Y	N	Vaginal Dryness	Y	N
EYES			Vaginal Itching	Y	N
Vision Changes	Y	N	Painful Sex	Y	N
EAR, NOSE, & THROAT			SKIN		
Hearing Loss	Y	N	Hair Loss	Y	N
Runny Nose	Y	N	New Skin Lesions	Y	N
Ringing in Ears	Y	N	Rash	Y	N
Sinus Problem	Y	N	Pigmentation Change	Y	N
Sore Throat	Y	N	NEUROLOGIC		
BREAST			Headache	Y	N
Breast Lump	Y	N	Muscular Weakness	Y	N
Tenderness	Y	N	Tingling or Numbness	Y	N
Nipple Discharge	Y	N	Memory Difficulties	Y	N
CARDIOVASCULAR			MUSCULOSKELETAL		
Chest Pain	Y	N	Back Pain	Y	N
Swelling in Legs	Y	N	Limitation of Motion	Y	N
Palpitations	Y	N	Joint Pain	Y	N
Fainting	Y	N	Muscle Pain	Y	N
Irregular Heart Beat	Y	N	ENDOCRINE		
RESPIRATORY			Cold Intolerance	Y	N
Cough	Y	N	Heat Intolerance	Y	N
Shortness of Breath	Y	N	Excessive Thirst	Y	N
Post Nasal Drip	Y	N	Excessive Amount of Urine	Y	N
Wheezing	Y	N	PSYCHOLOGY		
GASTROINTESTINAL			Difficulty Sleeping	Y	N
Abdominal Pain	Y	N	Depression	Y	N
Constipation	Y	N	Anxiety	Y	N
Diarrhea	Y	N	Suicidal Thoughts	Y	N
Hemorrhoids	Y	N	HEMATOLOGIC / LYMPHATIC		
Nausea	Y	N	Easy Bruising	Y	N
Vomiting	Y	N	Easy Bleeding	Y	N
GENITOURINARY			Swollen Lymph Glands	Y	N
Burning with Urination	Y	N	ALLERGY / IMMUNOLOGY		
Urinary Frequency	Y	N	Sinus Allergy Symptoms	Y	N
Urinary Urgency	Y	N	Hives	Y	N
Urinary Incontinence	Y	N	Frequent Illness	Y	N