**MEDICAL REVIEW OF SYSTEMS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  **Patient Name:** |  |  |  **Allergic To:** |  |  |
|  |  |  |  |  |  |
|  **Medical Review of Systems** |  |  **Symptoms** | **Yes** | **No** |
|  |  |  |  |  |  |
|  **Constitutional:** |  Fever |  |  |
|  |  Fatigue |  |  |
|  |  Night Sweats |  |  |
|  **Ears, Nose and Throat:** |  Hearing Loss |  |  |
|  |  Ear Ache |  |  |
|  |  Sore Throat |  |  |
|  |  Vertigo |  |  |
|  |  Recurrent Nose Bleeds |  |  |
|  **Respiratory:** |  Shortness of Breath |  |  |
|  |  Cough |  |  |
|  |  Coughing Blood |  |  |
|  **Cardiovascular:** |  Chest Pain |  |  |
|  |  Palpitations |  |  |
|  **Gastrointestinal:** |  Vomiting |  |  |
|  |  Diarrhea |  |  |
|  |  Constipation |  |  |
|  |  Abdominal Pain |  |  |
|  **Genitourinary:** |  Pain with Urination |  |  |
|  |  Difficulty Urinating |  |  |
|  |  Blood in Urine |  |  |
|  **Endocrine:** |  Cold or Heat Intolerance |  |  |
|  |  Loss of Appetite |  |  |
|  |  Loss of Weight |  |  |
|  |  Excessive Weight Gain |  |  |
|  |  Excessive Thirst |  |  |
|  **Psychiatric:** |  Depression |  |  |
|  |  Extreme Anxiety |  |  |
|  **Neurologic:** |  Dizziness |  |  |
|  |  Headaches |  |  |
|  |  Visual Field Changes |  |  |
|  |  Weakness |  |  |
|  |  Numbness |  |  |
|  **Dermatologic:** |  Rashes |  |  |
|  |  Itching |  |  |
|  **Musculoskeletal:** |  Back Pain |  |  |
|  |  Joint Pain |  |  |
|  |  Joint Stiffness |  |  |
|  **Hematological:** |  Bleeding Tendency |  |  |
|  |  Bruise Easily |  |  |
|  |  Tiredness |  |  |
|  |  Multiple Infections |  |  |
|  |  Clotting Tendency |  |  |
|  **Peripheral Vascular:** |  Leg pain with walking |  |  |
|  |  |  |  |  |  |
|  **Patient Signature:** |  |  | **Date:** |  |  |