**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REVIEW OF SYSTEMS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Constitutional** | | | | | | | | | Y\_\_\_ N\_\_\_ | | **Gastrointestinal** | | | | | | | | | | | Y\_\_\_ N\_\_\_ | |
| Recent weight | | | | |  |  | | | Poor Appetite | | | | | |  | |  | |  |
| Fever | | | | | | | | | Y\_\_\_ N\_\_\_ | | Difficulty swallowing | | | | | | | | | | | Y\_\_\_ N\_\_\_ | |
| Fatigue | | | | | | | | | Y\_\_\_ N\_\_\_ | | Heartburn | | | | | | | | | | | Y\_\_\_ N\_\_\_ | |
| Eyes | | | | | | | | | Y\_\_\_ N\_\_\_ | | Nausea/Vomiting | | | | | | | | | | | Y\_\_\_ N\_\_\_ | |
| Blurred vision | | | | | | | | | Y\_\_\_ N\_\_\_ | | Bloating | | | | | | | | | | | Y\_\_\_ N\_\_\_ | |
| Glaucoma | | | | | | | | | Y\_\_\_ N\_\_\_ | | Belching | | | | | | | | | | | Y\_\_\_ N\_\_\_ | |
|  |  |  |  |  |  |  |  |  |  |  | Regurgitation | | | | | | | | | | | Y\_\_\_ N\_\_\_ | |
| **Cardiovascular** | | | | | | | | |  |  | Constipation | | | | | | | | | | | Y\_\_\_ N\_\_\_ | |
| Chest pain | | | | | | |  |  | Y\_\_\_ N\_\_\_ | | Diarrhea | | | | | | | | | | | Y\_\_\_ N\_\_\_ | |
| Shortness of breath | | | | | | | | | Y\_\_\_ N\_\_\_ | | Abdominal pain | | | | | | | | | | | Y\_\_\_ N\_\_\_ | |
| Swelling of ankles | | | | | | | | | Y\_\_\_ N\_\_\_ | | Recent change in bowels | | | | | | | | | | | Y\_\_\_ N\_\_\_ | |
| **Respiratory** | |  | | | | | | |  |  | Rectal bleeding | | | | | | | | | | | Y\_\_\_ N\_\_\_ | |
|  |  | Black, tarry stools | | | | | | | | | | | Y\_\_\_ N\_\_\_ | |
| Chronic Cough | | | | | | | | | Y\_\_\_ N\_\_\_ | | Recent Pepto Bismol use | | | | | | | | | | | Y\_\_\_ N\_\_\_ | |
| Spitting Blood | | | | | | | | | Y\_\_\_ N\_\_\_ | | Excessive hunger | | | | | | | | | | | Y\_\_\_ N\_\_\_ | |
| Wheezing | | | | | | | | | Y\_\_\_ N\_\_\_ | | Change in stool color | | | | | | | | | | | Y\_\_\_ N\_\_\_ | |
|  |  |  |  |  |  |  |  |  |  |  | Change in stool caliber | | | | | | | | | | | Y\_\_\_ N\_\_\_ | |
| **Genitourinary** | | | | | | | | | Y\_\_\_ N\_\_\_ | | Stool consistency change | | | | | | | | | | | Y\_\_\_ N\_\_\_ | |
| Burning with | | | |  | | | | | Laxative/Antacid use | | | | | | | | | | | Y\_\_\_ N\_\_\_ | |
| Blood in urine | | | | | | | | | Y\_\_\_ N\_\_\_ | | Food intolerance | | | | | | | | | | | Y\_\_\_ N\_\_\_ | |
|  |  |  |  |  |  |  |  |  |  |  | Abdominal size change | | | | | | | | | | | Y\_\_\_ N\_\_\_ | |
| **Musculoskeletal** | | | | | | | | | Y\_\_\_ N\_\_\_ | | Hemorrhoids | | | | | | | | | | | Y\_\_\_ N\_\_\_ | |
| Joint pain/swelling | | | | | | | |  | Infections | | | | | | | | | | | Y\_\_\_ N\_\_\_ | |
| Back pain | | | | | | | | | Y\_\_\_ N\_\_\_ | | Jaundice | | | | | | | | | | | Y\_\_\_ N\_\_\_ | |
| Muscle pain | | | | | | | | | Y\_\_\_ N\_\_\_ | | Rectal Pain | | | | | | | | | | | Y\_\_\_ N\_\_\_ | |
| **Skin** | | | | | | | | |  |  | Hepatitis | | | | | | | | | | | Y\_\_\_ N\_\_\_ | |
|  |  | Liver disease | | | | | | | | | | | Y\_\_\_ N\_\_\_ | |
| Rash |  | |  | | |  | | | Y\_\_\_ N\_\_\_ | | Gallbladder disease | | | | | | | | | | | Y\_\_\_ N\_\_\_ | |
| Itching | | | | | | | | | Y\_\_\_ N\_\_\_ | | **Psychiatric** | | | | | | | | | | |  |  |
| **Neurological** | | | | | | | | |  |  | Y\_\_\_ N\_\_\_ | |
|  |  | Memory | | | | loss/confusion | | | | | | |
| Headaches | | |  | | |  | | | Y\_\_\_ N\_\_\_ | | Depression | | | | | | | | | | | Y\_\_\_ N\_\_\_ | |
| Seizures | | | | | | | | | Y\_\_\_ N\_\_\_ | |  |  |  |  | |  | |  | |  | |  |  |
| Strokes | | | | | | | | | Y\_\_\_ N\_\_\_ | | **Endocrine** | | | | | | | | | | |  |  |
| Numbness | | | | | | | | | Y\_\_\_ N\_\_\_ | | Heat/col | | intolerance | | | | | | | | | Y\_\_\_ N\_\_\_ | |
| **Hematological** | | | | | | | | |  |  | Excessive thirst/urination | | | | | | | | | | | Y\_\_\_ N\_\_\_ | |
| Y\_\_\_ N\_\_\_ | | Are you pregnant? | | | | | | | | | | | Y\_\_\_ N\_\_\_ | |
| Bleeding/bruising | | | | | | easily | | |
| Anemia | | | | | | | | | Y\_\_\_ N\_\_\_ | | Prior abdominal x-rays | | | | | | | | | | | Y\_\_\_ N\_\_\_ | |
| Past transfusion | | | | | | | | | Y\_\_\_ N\_\_\_ | | Prior blood work | | | | | | | | | | | Y\_\_\_ N\_\_\_ | |
|  | | | | | | | | |  | |  | | | | | | | | | | |  | |
| **COMMENTS:** | | | | | | | | |  |  |  | | | | | | | | | | |  |  |
|  | | | | | | | | | |  |  | | | | | | | | | | | | |