**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:** |  |  |  |  |  |
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