**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:** |  |  |