

Name: _____

REVIEW OF SYSTEMS: Circle all that apply and provide a brief explanation of problem

EYES

- Vision loss
- Blurred vision
- Fluctuation vision
- Distorted vision
- Glare or halos
- Sensitivity to light
- Flashes, floaters
- Double vision
- Lazy or crossed eyes
- Dry, sandy, gritty feeling
- Itching, burning
- Eye Pain
- Foreign body sensation
- Discharge
- Watering, tearing
- Redness
- Eyelid redness, infections
- Drooping lids

GENERAL

- Fever
- Weight loss
- Fatigue, Lethargy
- Night sweats

EARS, NOSE, THROAT

- Hearing loss
- Sinus trouble
- Dry mouth

CARDIOVASCULAR

- Chest pain
- Palpitations
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RESPIRATORY

- Short of Breath
- Cough
- Wheeze
- Phlegm

GASTROINTESTINAL

- Diarrhea
- Constipation
- Indigestion
- Black or bloody stool

GENITOURINARY

- Pain with urination
- Cloudy urine
- Poor bladder control
- Sexual dysfunction

MUSCULOSKELETAL

- Stiff, swollen joints
- Limited joint motion
- Muscle cramps

NEUROLOGICAL

- Lightheaded
- Headaches
- Numbness
- Tremor, shakes
- Weakness, paralysis
- Anxiety
- Depression

ENDOCRINE

- Thirst
- Heat or cold intolerance
- Hair loss
- Hot flashes

HEMATOLOGICAL

- Bruising
- Anemia
- Bleeding
- Clotting trouble
- Swollen glands

INTEGUMENT

- Dryness, Scales
- Sores, Blisters
- Warts
- Rash