Print in Color or Grayscale Only
Using Adobe Acrobat Reader 8.0 or later

Review of Systems

Please answer every question

Marking Instructions

Please use a # 2 pencil
Fill in the complete oval
as shown...

PLEASE PRINT PATIENT'S LAST NAME

PLEASE PRINT PATIENT'S FIRST NAME

PATIENT'S DATE OF BIRTH

Month Day Year

Please mark only the symptoms you CURRENTLY are experiencing.
Mark all that apply ---- if no symptoms, please mark "NONE."

GENERAL

fever ○ fatigue ○ weight loss ○ weight gain ○ NONE ○

TOBACCO USE

HOW WOULD YOU DESCRIBE YOUR CIGARETTE SMOKING:

current (every day) ○
current (some days) ○
quit within the last month ○
former smoker, quit more than 1 year ago ○
never ○

SMOKING CESSATION:

not applicable ○
want to quit now / need help ○
not yet ready to quit ○
do not want to quit ○

EYES

visual disturbances ○ glasses ○ contacts ○ NONE ○

EAR, NOSE, AND THROAT

hearing loss ○ seasonal allergies ○ NONE ○

CARDIAC

chest pain ○ lightheadedness ○ faint / pass out for no reason ○
chest discomfort ○ palpitations ○ shortness of breath with walking ○
dizzy ○ heart murmur ○ shortness of breath with lying down ○
swelling of feet, ankles, or hands ○
difficulty breathing on exertion ○

VASCULAR

Foot, calf, buttock, hip, or thigh discomfort when walking which is relieved by rest? ○
Discoloration (blue, black, or pale) of feet or toes? ○
Slow healing wounds, infections, or ulcers on feet or toes? ○
Diminished pulses on foot (feet)? ○ NONE ○

RESPIRATORY

difficulty breathing ○ cough ○ CPAP ○
coughing blood ○ snoring ○ wheezing ○ NONE ○

GASTROINTESTINAL

vomiting ○ indigestion ○
nausea ○ bloody stool ○ abdominal pain ○ NONE ○

GENITOURINARY

erectile dysfunction ○
urinary frequency ○ excessive urination at night ○ NONE ○

MUSCULOSKELETAL

joint pain ○ muscle pain ○ muscle weakness ○ NONE ○

SKIN

skin ulcer ○
rash ○ hives ○ varicose veins ○ NONE ○

NEUROLOGIC

decreased memory ○ numbness ○ unsteady walking ○ NONE ○

PSYCHIATRIC

change in sleep pattern ○
anxiety ○ frequent crying ○ depression ○ NONE ○

ENDOCRINE

elevated blood sugar ○ cold intolerance ○ heat intolerance ○ NONE ○

HEME / LYMPHATIC

easy bruising ○ excessive bleeding ○ NONE ○