

REVIEW OF SYSTEMS | Name: _____

DOB: _____

Please check all that apply:

Eyes

- Previous Eye Surgery
- Contact Lens
- Pain
- Double Vision
- Glaucoma
- Cataracts
- Macular Degeneration
- Dry Eyes
- Flashes
- Floaters

Ear, Nose, and Throat

- Hard of Hearing
- Ringing in Ears
- Vertigo

Cardiovascular

- Chest Pain
- Dizziness
- Fainting Spells
- Shortness of Breath
- Irregular Heart Beat
- Difficulty Lying Flat

Respiratory

- Cough
- Congestion
- Wheezing
- Asthma

Gastrointestinal

- Heartburn
- Nausea/Vomiting
- Jaundice/Hepatitis

Genito-Urinary

- Pain/Difficulty
- Blood in Urine
- History of Kidney Stones
- History of STD

Psychiatric

- Anxiety/Depression
- Mood Swings
- Difficulty Sleeping

Endocrine

- Increased Thirst
- Increased Hunger
- Increased Urination
- Increased Sweating
- Fingernail changes

Blood/Lymph Nodes

- Easy Bruising
- Gums Bleed Easily
- Prolonged Bleeding
- Heavy Aspirin Use

Musculoskeletal

- Stiffness
- Arthritis
- Joint Pain/Swelling

Skin

- Rash
- Sores
- Eczema

Neurological

- Seizures
- Weakness/Paralysis
- Numbness
- Tremors

Immunologic

- Hives
- Itching
- Runny Nose
- Sinus Pressure