

Review of Systems

Patient Name: _____ Date of Birth: _____ Date: _____

Please check box if you have the following symptoms.

Constitutional:

- Chills
- Dizziness
- Fever

Eyes:

- Blurry vision
- Change in vision

Lymph:

- Enlarged lymph node
- Leg swelling

CV:

- Ankle swelling
- Calf cramping
- Change in color of extremity
- Change in temp of extremity
- Chest pain or tightness
- SOB

GI:

- Abdominal cramping
- Diarrhea
- Reflux
- Nausea
- Vomiting

Musculoskeletal:

- Back pain
- Decreased ROM
- Heel pain
- Joint pain
- Joint redness
- Joint swelling
- Morning stiffness
- Muscle tenderness
- Weakness

Endocrine:

- Cuts take longer to heal
- Hyperglycemia
- Hypoglycemia
- Excessive urination
- Unusual fatigue

Integument:

- Blisters
- Dry or scaly skin
- Eczema
- Easily scar
- Hypersensitivity
- Itching
- Leg ulcers
- Non-healing wounds
- Rash

Psychiatric:

- Anxiety
- Depression
- Memory loss
- Panic Attacks

Immunologic:

- Gouty attack
- Environmental allergies

Neurological:

- Burning, tingling
- Hypersensitivity
- Numbness
- Paralysis
- Tremors
- Vertigo

Respiratory:

- Asthma
- Breathing difficulty
- Cough
- Shortness of breath

ENT:

- Change in hearing/ringing in ears
- Difficulty swallowing
- Sinus infection/congestion
- Sore Throat