

Review of Systems

Name _____

- Unexpected weight loss
- Weight gain
- Fever
- Chills
- Fatigue

- Corrective lenses
- Blurred vision
- Double vision
- Eye pain
- Redness
- Watering

- Headache
- Difficulty swallowing
- Nose bleeds
- Ringing in the ears
- Earaches

- Chest pain
- Palpitations
- Fainting
- Murmurs

- Shortness of breath
- Wheezing
- Tightness
- Pain in inspiration
- Snoring

- Heartburn
- Nausea
- Vomiting
- Constipation
- Diarrhea
- Bloody/ tarry stools

- Urinary frequency
- Urinary urgency
- Difficult/ painful urination
- Flank pain & bleeding

- Joint pain
- Joint stiffness
- Joint swelling
- Joint redness
- Joint heat
- Muscle pain

- Skin changes
- Poor healing
- Rash
- Itching
- Skin redness

- Numbness/ tingling
- Unsteady gait
- Dizziness
- Tremors
- Seizure

- Nervousness
- Anxiety
- Depression
- Hallucinations
- Thoughts of suicide

- Excessive thirst or urination
- Heat/ cold intolerance

- Easy bleeding & bruising

- Food allergy
- Dust allergy
- Pollen allergy
- Medication allergy
- Hay fever