

CHECKLIST: Review of Systems

General-□ Weight loss or gain □ Fatigue □ Fever or chills □ Weakness □ Trouble sleeping Skin-□ Rashes □ Lumps □ Itching □ Drvness □ Color changes □ Hair and nail changes Head-□ Headache □ Head injury □ Neck Pain Ears-□ Decreased hearing □ Ringing in ears □ Earache □ Drainage **Eves-**□ Vision Loss/Changes □ Glasses or contacts \square Pain □ Redness □ Blurry or double vision □ Flashing lights □ Specks □ Glaucoma \Box Cataracts \Box Last eye exam Nose-□ Stuffiness □ Discharge □ Itching □ Hay fever □ Nosebleeds □ Sinus pain **Throat-**□ Bleeding □ Dentures □ Sore tongue

□ Dry mouth □ Sore throat □ Hoarseness □ Thrush □ Non-healing sores Neck-□ Lumps □ Swollen glands \square Pain □ Stiffness **Breasts-**□ Lumps 🗆 Pain □ Discharge \Box Self-exams □ Breast-feeding **Respiratory-**□ Cough □ Sputum □ Coughing up blood □ Shortness of breath □ Wheezing □ Painful breathing Cardiovascular-□ Chest pain or discomfort □ Tightness □ Palpitations □ Shortness of breath with activity □ Difficulty breathing lying down □ Swelling □ Sudden awakening from sleep with shortness of breath **Gastrointestinal-**□ Swallowing difficulties □ Heartburn □ Change in appetite □ Nausea □ Change in bowel habits □ Rectal bleeding □ Constipation □ Diarrhea

□Yellow eyes or skin **Urinary-**□ Frequency □ Urgency □ Burning or pain □ Blood in urine □ Incontinence □ Change in urinary strength Vascular-□ Calf pain with walking □ Leg cramping Musculoskeletal-□ Muscle or joint pain □ Stiffness □ Back pain □ Redness of joints □ Swelling of joints 🗆 Trauma Neurologic- \square Dizziness □ Fainting □ Seizures □ Weakness □ Numbness □ Tingling □ Tremor Hematologic-□ Ease of bruising □ Ease of bleeding **Endocrine-**□ Head or cold intolerance □ Sweating □ Frequent urination □ Thirst □ Change in appetite **Psychiatric-**□ Nervousness □ Stress □ Depression □ Memory loss