



DATABASE TOOL
Review of Systems

Patient Name: _____ Date: _____

DOB: _____ Sex: M / F Race: _____

For what reason are you here today? _____

Please check conditions you have experienced recently or that concern you:

GENERAL

- good general health
- always tired
- always feel ill
- chronic fatigue
- loss of appetite
- wt loss >10 lbs
- wt gain >10 lbs
- unexplained fever >100°
- night sweats
- chills

HEENT

- eye pain
- eye drainage
- watery eyes
- itchy eyes
- spots in vision
- blurry vision
- double vision
- light flashes
- loss of vision
- ear pain
- ear drainage
- ear ringing
- hearing loss
- runny nose
- nasal congestion
- nose bleeds
- hay fever
- sinus pain
- frequent sinus infections
- frequent colds
- recent change in voice
- frequent sore throats
- hoarseness
- laryngitis
- swallowing pain

HEART AND CIRCULATION

- chest pain
- palpitations
- skipped heart beats
- extra heart beats
- fast heart beats
- high blood pressure
- calf pain / calf cramps
- ankle swelling
- blood clot in veins
- cold, purple feet

RESPIRATORY

- shortness of breath
- wheezing
- cough
- coughing blood
- snoring
- sleep apnea
- fluid in lungs

GASTROINTESTINAL

- persistent nausea
- unexplained vomiting
- frequent heartburn
- abdominal bloating
- swallowing difficulties
- abdominal cramps
- black stools
- bloody stools
- constant diarrhea
- constant constipation
- change in bowel habits
- bleeding from bowels
- anal / rectal pain
- hemorrhoids
- loss of bowel control
- require laxatives

GENITOURINARY

- painful urination
- trouble controlling urine
- urinate > 2 times at night
- blood in urine
- testicle lump / swelling
- penile discharge / sores
- irregular periods
- heavy periods
- no periods
- vaginal discharge / itching
- possibly pregnant
- pain with sex
- lack of sex drive
- no erection / orgasm

MUSCULOSKELETAL / EXTREMITIES

- joint : pain / stiffness
- general muscle aches
- pain: neck / back
- pain: hip / knee / foot
- pain: shoulder / elbow
- pain: wrist / hand

SKIN / BREAST

- unexplained rash
- change in skin color
- dry skin
- itching
- unusual or changed moles
- boils
- skin growths
- breast pain / lump
- nipple discharge

NEUROLOGIC

- frequent headaches
- blackouts / fainting
- dizzy or light headed
- poor balance
- difficulty walking
- tremors
- memory loss
- speech problems
- loss of strength
- seizures
- numbness

PSYCHIATRIC

- anxious
- depressed
- hyperactive
- attention deficit
- excess: fear / worry
- loss of interest in life
- suicidal thoughts
- unusual visions
- difficulty concentrating
- difficulty getting to sleep
- difficulty staying asleep
- impulsive

ENDOCRINE

- most always cold
- most always hot
- overweight
- abnormal hair growth
- hair loss
- change in skin color
- excess thirst
- excess urination
- changes in ring, hat, shoe size
- irregular menstrual cycles
- excessive sweating
- hot flashes

LYMPHATIC / HEMATOLOGIC

- blood transfusion
- free bleeder
- easy bruising
- lymph node swelling
- swollen extremity

ALLERGIC / IMMUNOLOGIC

- allergies to medicines
- allergies to cosmetics
- allergies to food
- hives
- hayfever

INFECTIOUS DISEASE

- contact with blood
- contact with body fluids
- recurrent skin infections
- recurrent sinus infections
- frequent foreign travel

MISCELLANEOUS

- chemical exposures
- toxic exposures
- radiation exposure
- occupational exposures
- sick pets
- drink well water
- drink unpasteurized milk
- process own meats

OTHER
