



Review of Systems

Patient Name: _____ Date: _____

Please mark symptoms with the appropriate letter. If the symptom does not apply, please leave it blank.

C: Currently (past 3 months) F: Frequently (3-4 x per week) O: Occasionally (up to 2x per week) P: Past

Current Weight: _____

Weight 1 year ago: _____

Height: _____

General:

- ___ energy: hi, med, low
- ___ fatigue
- ___ fever
- ___ chills
- ___ frequent colds
- ___ night sweats
- ___ chronic pain

Skin:

- ___ acne
- ___ boils
- ___ changes in moles
- ___ colour change
- ___ dry skin
- ___ eczema/dermatitis
- ___ hives
- ___ itching
- ___ lumps
- ___ nail changes
- ___ frequent rashes
- ___ skin cancer

Blood:

- ___ abnormal blood test
- ___ bleed/bruise easily
- ___ anemia
- ___ allergies

Nose & Sinuses:

- ___ frequent colds
- ___ nasal stuffiness
- ___ hay fever
- ___ frequent nose bleeds
- ___ sinus trouble

Head:

- ___ headache
- ___ migraines
- ___ dandruff
- ___ hair loss (excessive)
- ___ hair growth (excessive)
- ___ swollen glands
- ___ pain/stiffness of neck
- ___ head injury
- ___ long labour/forceps birth

Eyes:

- ___ poor vision
- ___ glasses/contacts
- ___ sensitive to light/sun
- ___ pain
- ___ redness
- ___ dry eyes
- ___ itching
- ___ discharge
- ___ excess tearing
- ___ double vision
- ___ glaucoma
- ___ cataracts
- ___ infections
- ___ last eye exam

Ears:

- ___ poor hearing
- ___ ringing in ears
- ___ dizziness
- ___ earaches
- ___ infection
- ___ discharge
- ___ excess ear wax
- ___ feeling of fullness

Mouth & Throat:

- ___ multiple cavities
- ___ root canals
- ___ poor gums
- ___ sore tongue
- ___ cold/canker sores
- ___ coated tongue
- ___ hoarseness
- ___ frequent sore throat
- ___ bitter taste in mouth
- ___ loss of taste
- ___ last dental exam

Respiratory:

- ___ persistent cough
- ___ sputum
- ___ wheezing
- ___ shortness of breath (SOB)
- ___ SOB lying down
- ___ SOB on exertion
- ___ last chest x-ray
- ___ difficulty breathing
- ___ persistent infections
- ___ spitting up blood

Heart:

- ___ heart problems
- ___ high/low blood pressure
- ___ angina
- ___ abnormal heart tests
- ___ heart murmurs
- ___ swollen ankles
- ___ chest pain
- ___ palpitations
- ___ rheumatic fever
- ___ cholesterol high/low



Peripheral Vascular:

- bruise/bleed easily
- cold hands/feet
- cyanosis (skin appears blue)
- deep leg pain
- extremity numbness
- extremity swelling
- extremity skin ulcers
- haemorrhoids
- leg cramps
- leg pain worse exercise
- lymph node swelling
- numbness or tingling
- Raynaud's syndrome
- varicose veins
- wounds slow to heal

Urinary:

- # of urinations/day
- urination at night
- blood in urine
- pain on urination
- urgency
- frequent infections
- incontinence
- kidney stones
- dribbling

Endocrine:

- change in thirst
- change in hunger
- cold/heat intolerance
- excessive sweating
- diabetes
- recent weight gain
- recent weight loss
- seasonal depression
- thyroid problems
- thinning eyebrows
- goitre

Nervous System:

- fainting/blackouts
- learning difficulties
- seizures
- paralysis
- local weakness
- numbness

- tingling
- tremors
- memory difficulties
- strokes

Gastrointestinal:

- difficulty swallowing
- heartburn
- persistent nausea
- appetite up or down
- persistent vomiting
- vomiting blood
- indigestion
- rectal bleeding
- change in bowel movements
- pale stool
- black stool
- undigested food in stool
- small/thin stool
- mucus in stool
- constipation
- diarrhoea
- abdominal pain
- difficulty skipping meals
- food intolerances
- food cravings
- excessive belching
- excessive bloating
- excessive passing gas
- haemorrhoids
- jaundice
- gallstones
- gallbladder removed?
- worse eating fatty foods?
- hepatitis

Musculoskeletal:

- joint pains
- stiffness
- joint swelling
- arthritis
- muscle pain/ cramps
- backache
- gout
- broken bones

Female Reproductive:

- age of first period

- length of cycle
- duration of period
- are they regular?
- last menstrual period
- heavy bleeding
- bleeding between periods
- bleeding after intercourse
- painful periods
- PMS
- do you take birth control
- endometriosis
- difficulty conceiving
- fibroids or ovarian cysts
- cervical dysplasia
- uterine/ovarian cancer
- age of menopause
- post menopausal bleeding
- nightsweats or hot flashes
- discharge
- itching
- yeast infections
- date of last PAP smear
- abnormal PAP smears
- # of pregnancies
- # of deliveries
- # of abortions
- complications in pregnancy
- are you sexually active
- frequency of intercourse
- painful intercourse
- sex drive high or low
- sexual difficulties/pain

Breast:

- breast lumps
- fibrocystic breasts
- breast tenderness
- discharge
- do you do self exams?



Male:

- discharge from penis
- sores on penis
- hernias
- testicular pains
- venereal disease
- treatment of venereal disease

- masses
- prostate problems
- frequency of intercourse
- sex drive
- sexual difficulties

- depression/anxiety
- lack of concentration
- foggy thinking
- excess anger/sadness/
mania/frustration/difficulty
expressing emotions

Mind / Emotion:

- nervousness
- tension
- mood swings

THANK YOU!