## **Review of Systems**

Please check if you have/had problems related to the area indicated.

O MILIOUN OCCUPATION :	YES	NO
8. MUSCULOSKELETAL	1	
Joint swelling		
Stiffness		
Joint pain		
Back pain		
Loss of strength		
9. SKIN/BREAST		
Rash		
Lesions/moles		
Itching		
Discoloration		
Breast pain		
Nipple discharge		
Breast lump		
10. NERVOUS SYSTEM		
Headaches		
Poor balance		
Memory loss		
Tremors		
Numbness/tingling		
Seizures		
11. PSYCHIATRIC		
Anxiety		
Fear		
Difficulty concentrating		
Suicidal thoughts		
12. ENDOCRINE		
<b>Excessive thirst</b>		
<b>Excessive hunger</b>		
<b>Excessive urination</b>		
Heat/cold intolerance		
13. Lymph Nodes		
Skin discoloration		
Enlarged nodes		
Abdominal bruising		
Other Problems:		

Do you use tobacco? Yes  $\square$  No  $\square$ 

Name: \_\_\_\_\_\_\_
Date: \_\_\_\_\_

		YES	NO		YES	NO
1.	SYSTEMIC			8. MUSCULOSKELETAL		
	Weight Loss			Joint swelling		
	Weight Gain			Stiffness		
	Fever			Joint pain		
	Fatigue			Back pain		
2.	EYES			Loss of strength		
	Blurred Vision			9. SKIN/BREAST		
	Double Vision			Rash		
	Spots before eyes			Lesions/moles		
3.	EARS, NOSE & THROA	T		Itching		
	Loss of hearing			Discoloration		
	Sinus Problems			Breast pain		
	Earaches			Nipple discharge		
	Ringing in ears			Breast lump		
	Difficulty Swallowing			10. NERVOUS SYSTEM		
	Frequent sore throat			Headaches		
4.	LUNGS			Poor balance		
	Chronic cough			Memory loss		
	Coughing up blood			Tremors		
	Shortness of breath			Numbness/tingling		
	Breathing Difficulty			Seizures		
	Wheezing			11. PSYCHIATRIC		
<b>5.</b>	HEART			Anxiety		
	Chest Pain			Fear		
	Race/Skipping beats			Difficulty concentrating		
	Palpitations			Suicidal thoughts		
6.	GASTROINTESTINAL			12. ENDOCRINE		
	Loss of/Excessive appetite			Excessive thirst		
	Nausea			Excessive hunger		
	Vomiting			Excessive urination		
	Abdominal pain			Heat/cold intolerance		
	Bloody Stool			13. Lymph Nodes		
	Change in bowel habits			Skin discoloration		
	Indigestion			Enlarged nodes		
7.	<b>GENITOURINARY</b>			Abdominal bruising		
	<b>Urinary Frequency</b>					
	Urgency			Other Problems:		
	Blood in urine					
	Painful urination					
	Inability to control bladder					
	Missed periods					
	Loss of sex drive					
				Do you have an Advanced Care Plan?	Yes □	No □