

DATE:	DATE OF BIRTH:	
LAST NAME:	FIRST NAME:	MIDDLE INITIAL:

Review of Systems

Constitution		Endocrine	
Fatigue	Yes/No	Cold intolerance	Yes/No
Unexpected weight change	Yes/No	Heat intolerance	Yes/No
HENT		GU	
Hearing loss	Yes/No	Difficulty urinating	Yes/No
Rhinorrhea(Runny nose)	Yes/No	Hematuria(blood in urine)	Yes/No
Sore throat	Yes/No		
Voice change	Yes/No	Musculoskeletal	
		Arthralgias(joint pain)	Yes/No
Eyes		Myalgias(muscle pain)	Yes/No
Eye pain	Yes/No		
Visual disturbance	Yes/No	Skin	
		Rash	Yes/No
Respiratory		Allergy/Immunology	
Cough	Yes/No	Environmental allergies	Yes/No
Wheezing	Yes/No	Food allergies	Yes/No
Cardiovascular		Neurological	
Chest pain	Yes/No	Headaches	Yes/No
Leg swelling	Yes/No	Seizures	Yes/No
GI		Hematologic	
Abdominal pain	Yes/No	Adenopathy(enlarged lymph node)	Yes/No
Nausea	Yes/No	Bruises/bleeds easily	Yes/No
		Psychiatric/Behavioral	
		Confusion	Yes/No
		Sleep disturbance	Yes/No