

# 12-Point Review of Systems

## CONSTITUTIONAL SYMPTOMS

Fever

Present  Absent

Fatigue

Present  Absent

Weight loss or gain

Present  Absent

Night sweats

Present  Absent

Chills

Present  Absent

## HEAD, EYES, EARS, NOSE, AND THROAT (HEENT)

Headaches

Present  Absent

Dizziness

Present  Absent

Vision changes

Present  Absent

Hearing changes

Present  Absent

Sinus problems

Present  Absent

Sore throat

Present  Absent

## RESPIRATORY

Cough

Present  Absent

Shortness of breath

Present  Absent

Wheezing

Present  Absent

Chest pain

Present  Absent

Sputum production

Present  Absent

## CARDIOVASCULAR

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Chest pain

Present  Absent

Palpitations

Present  Absent

Edema (swelling)

Present  Absent

Leg pain with walking

Present  Absent

Difficulty breathing while lying down

Present  Absent

## GASTROINTESTINAL

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Abdominal pain

Present  Absent

Nausea or vomiting

Present  Absent

Diarrhea

Present  Absent

Constipation

Present  Absent

Changes in appetite

Present  Absent

## GENITOURINARY

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Urinary frequency or urgency

Present  Absent

Difficulty urinating

Present  Absent

Painful urination

Present  Absent

Blood in urine

Present  Absent

Changes in menstrual cycle (women)

Present  Absent

## MUSCULOSKELETAL

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Joint pain

Present  Absent

Stiffness

Present  Absent

Weakness

Present  Absent

Numbness or tingling

Present  Absent

Limited range of motion

Present  Absent

**NEUROLOGICAL**

Headaches

Present  Absent

Dizziness

Present  Absent

Weakness

Present  Absent

Numbness or tingling

Present  Absent

Difficulty with coordination or balance

Present  Absent

**PSYCHIATRIC**

Mood changes

Present  Absent

Anxiety

Present  Absent

Depression

Present  Absent

Difficulty sleeping

Present  Absent

Changes in appetite or energy level

Present  Absent

**INTEGUMENTARY**

Skin rash

Present  Absent

Itching

Present  Absent

Changes in skin color

Present  Absent

Hair loss

Present  Absent

Wounds or sores

Present  Absent

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**ENDOCRINE**

Frequent thirst or urination

Present  Absent

Excessive hunger or fatigue

Present  Absent

Unexplained weight loss or gain

Present  Absent

Changes in mood or behavior

Present  Absent

Difficulty tolerating heat or cold

Present  Absent

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**ALLERGIC OR IMMUNOLOGIC**

Allergies to food, medications, or environmental factors

Present  Absent

History of recurrent infections

Present  Absent

Fatigue or weakness

Present  Absent

Skin rashes or hives

Present  Absent

Swollen lymph nodes

Present  Absent