Normal Review of Systems

PATIENT INFORMATION

Name: _____ **Age:** _____

Gender

○ Male ○ Female ○ Prefer not to say

Date of Birth: _____ dd / mm / yyyy **Date of Visit:** _____ dd / mm / yyyy

GENERAL

Constitutional:

- ☐ Fever
- ☐ Weight loss
- ☐ Fatigue

Skin:

- ☐ Rashes
- ☐ Lesions
- ☐ Itching

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

Head:

- ☐ Headaches
- ☐ Trauma

Eyes:

- ☐ Vision changes
- ☐ Eye pain
- ☐ Double vision

Ears:

- ☐ Hearing loss
- ☐ Tinnitus
- ☐ Ear pain

Nose:

- ☐ Nasal congestion
- ☐ Epistaxis

Throat:

- ☐ Sore throat
- ☐ Dysphagia

RESPIRATORY

Nasal:

- ☐ Rhinorrhea
- ☐ Congestion

Lungs:

- [ ] Cough
- [ ] Hemoptysis
- [ ] Shortness of breath

Chest:

- [ ] Chest pain
- [ ] Wheezing

CARDIOVASCULAR

Heart:

- [ ] Chest pain
- [ ] Palpitations

Vascular:

- [ ] Edema
- [ ] Claudication

GASTROINTESTINAL

Mouth/Oral:

- [ ] Dental problems
- [ ] Dysphagia

Esophagus:

- [ ] Heartburn
- [ ] Regurgitation

Abdomen:

- [ ] Abdominal pain
- [ ] Bloating
- [ ] Changes in bowel habits

Liver/Gallbladder:

- [ ] Jaundice
- [ ] Right upper quadrant pain

Pancreas:

- [ ] Epigastric pain

GENITOURINARY

Renal:

Renal:

- [ ] Hematuria

Reproductive (Male/Female):

- [ ] Menstrual history
- [ ] Erectile dysfunction

MUSCULOSKELETAL

Joints:

- [ ] Arthralgia
- [ ] Stiffness
- [ ] Swelling

Muscles:

- [ ] Myalgia

NEUROLOGICAL

Headache:

Seizures:

Mental Status:

- [ ] Memory Changes
- [ ] Confusion

PSYCHIATRIC

Mood:

- [ ] Depression
- [ ] Anxiety

Sleep:

- [ ] Insomnia
- [ ] Hypersomnia

ENDOCRINE

Thyroid:

- [ ] Changes in weight
- [ ] Energy levels

Diabetes:

- [ ] Polyuria
- [ ] Polydipsia

HEMATOLOGIC/LYMPHATIC

Bleeding:

- [ ] Ecchymosis
- [ ] Petechiae

Lymph Nodes:

- [ ] Enlarged
- [ ] Tender

ALLERGIC/IMMUNOLOGIC

Allergies:

- [ ] Medications
- [ ] Environmental

Infections:

- [ ] Frequent infections
- [ ] Immune system status

Additional Notes: