CHECKLIST: Review of Systems

Checklist:

General-

□ Weight loss or gain	□ Fever or chills	□ Trouble sleeping
□ Fatigue	□ Weakness	

Skin-

□ Rashes	□ Itching	□ Color changes
□ Lumps	□ Dryness	□ Hair and nail changes

Head-

□ Headache	□ Head injury

Ears-

□ Decreased hearing	□ Earache
□ Ringing in ears (tinnitus)	□ Drainage

Eyes-

□ Vision	□ Blurry or double vision	□ Cataracts
□ Glasses or contacts	□ Flashing lights	□ Last eye exam
□ Pain	□ Specks	
□ Redness	□ Glaucoma	

Nose-

□ Stuffiness	□ Itching	□ Nosebleeds
□ Discharge	□ Hay fever	□ Sinus pain

Throat-

□ Teeth	□ Sore tongue	□ Thrush
□ Gums	□ Dry mouth	□ Non-healing sores
□ Bleeding	□ Sore throat	□ Last dental exam
□ Dentures	□ Hoarseness	

Neck-

□ Lumps	□ Pain
□ Swollen glands	□ Stiffness

Breasts-

□ Lumps	□ Discharge	□ Breast-feeding
□ Pain	□ Self-exams	

Respiratory-

□ Cough (dry or wet, productive)	□ Coughing up blood (hemoptysis)	□ Wheezing
□ Sputum (color and amount)	□ Shortness of breath (dyspnea)	□ Painful breathing

Cardiovascular-

□ Chest pain or discomfort	□ Difficulty breathing lying down (orthopnea)	□ Sudden awakening from sleep with shortness of breath (Paroxysmal Nocturnal Dyspnea)
□ Tightness	□ Swelling (edema)	
□ Palpitations		
□ Shortness of breath with activity (dyspnea)		

Gastrointestinal-

□ Swallowing difficulties	□ Change in bowel habits	□Yellow eyes or skin (jaundice)
□ Heartburn	□ Rectal bleeding	
□ Change in appetite	□ Constipation	
□ Nausea	□ Diarrhea	

Urinary-

□ Frequency	□ Blood in urine (hematuria)	□ Change in urinary strength
□ Urgency	□ Incontinence	
□ Burning or pain		

Genital-

Male-

□ Pain with sex	□ Sores	□ STD's
□ Hernia	□ Masses or pain	
□ Penile discharge	□ Erectile dysfunction	

Female-

□ Pain with sex	□ Hot flashes	□ Itching or rash
□ Vaginal dryness	□ Vaginal discharge	□ STD's

Vascular-

□ Calf pain with walking (Claudication)	□ Leg cramping

Musculoskeletal-

□ Muscle or joint pain	□ Back pain	□ Swelling of joints
□ Stiffness	□ Redness of joints	□ Trauma

Neurologic-

□ Dizziness	□ Weakness	□ Tremor
□ Fainting	□ Numbness	
□ Seizures	□ Tingling	

Hematologic-

□ Ease of bruising	□ Ease of bleeding

Endocrine-

□ Head or cold intolerance	□ Frequent urination (polyuria)	□ Change in appetite (polyphagia)
□ Sweating	□ Thirst (polydypsia)	

Psychiatric-

□ Nervousness	□ Memory loss	□ Stress
□ Depression		

Signature:_____ Date:_____