Name: _____

Medical Review of Systems

Please place a checkmark in the boxes that apply. Explain any problem areas.

General

- ☐ Being overweight
- ☐ Recent weight gain or weight loss
- ☐ Poor appetite
- ☐ Increased appetite
- ☐ Abnormal sensitivity to cold
- ☐ Cold sweats during the day
- ☐ Tired or worn out
- ☐ Hot or cold spells
- ☐ Abnormal sensitivity to heat
- ☐ Excessive sleeping
- ☐ Difficulty sleeping
- ☐ Lowered resistance to infection
- ☐ Flu-like or vague sick feeling
- ☐ Sweating excessively at night
- ☐ Urinating excessively
- ☐ Excessive daytime sweating
- ☐ Excessive thirst
- ☐ Other: _____

Neurological

- ☐ Pacing due to muscle restlessness
- ☐ Forgotten periods of time
- ☐ Dizziness
- ☐ Drowsiness
- ☐ Muscle spasms or tremors
- ☐ Impaired ability to remember
- ☐ "Tics"
- ☐ Numbness
- ☐ Convulsions/Fits
- ☐ Slurred speech
- ☐ Speech problem (other)
- ☐ Weakness in muscles
- ☐ Other: _____

Respiratory

- ☐ Asthma, wheezing
- ☐ Cough
- ☐ Coughing up blood or sputum
- ☐ Shortness of breath
- ☐ Rapid breathing
- ☐ Repeated nose or chest colds
- ☐ Other: _____

Chest and cardiovascular

- ☐ Ankle swelling
- ☐ Rapid/irregular pulse
- ☐ Breast tenderness
- ☐ Chest pain
- ☐ High blood pressure
- ☐ Low blood pressure
- ☐ Other: _____

Head, Eye, Ear, Nose, & Throat

- ☐ Facial pain
- ☐ Headache
- ☐ Head injury
- ☐ Neck pain or stiffness
- ☐ Frequent sore throat
- ☐ Blurred vision
- ☐ Double vision
- ☐ Overly sensitive to light
- ☐ See spots or shadows
- ☐ Hearing loss in both ears
- ☐ Ear ringing
- ☐ Disturbances in smell
- ☐ Runny nose
- ☐ Dry mouth
- ☐ Sore tongue
- ☐ Other: _____

Gastrointestinal and Hepatic

- ☐ Trouble swallowing
- ☐ Nausea or vomiting (throwing up)
- ☐ Abdominal (stomach/belly) pain
- ☐ Anal itching
- ☐ Painful bowel movements
- ☐ Infrequent bowel movements
- ☐ Liquid bowel movements
- ☐ Loss of bowel control
- ☐ Frequent belching or gas
- ☐ Vomiting blood
- ☐ Rectal bleeding (red or black blood)
- ☐ Jaundice (yellowing of skin)
- ☐ Other: _____

Musculoskeletal

- ☐ Back pain or stiffness
- ☐ Bone pain
- ☐ Joint pain or stiffness
- ☐ Leg pain
- ☐ Muscle cramps or pain
- ☐ Other: _____

Skin, Hair

- ☐ Dry hair or skin
- ☐ Itchy skin or scalp
- ☐ Easy bruising
- ☐ Hair loss
- ☐ Increased perspiration
- ☐ Sun sensitivity
- ☐ Other: _____

Genitourinary

- ☐ Itchy privates or genitals
- ☐ Painful urination
- ☐ Excessive urination
- ☐ Difficulty in starting urination
- ☐ Accidental wetting of self
- ☐ Pus or blood in urine
- ☐ Decreased sexual desire
- ☐ Other: _____

Females

- ☐ No menses
- ☐ Menstrual irregularity
- ☐ Painful or heavy periods
- ☐ Premenstrual moodiness, irritability, anger, tension, bloating, breast tenderness, cramps, headache
- ☐ Painful menstrual periods
- ☐ Painful intercourse or sex
- ☐ Sterility/Infertility

Males

- ☐ Impotence (weak male erection)
- ☐ Inability to ejaculate or orgasm
- ☐ Scrotal pain
- ☐ Abnormal penis discharge
- ☐ Other: _____

Explanation

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