

ADULT REVIEW OF SYSTEMS

Name _____

Date of Birth _____

Please mark any symptoms you have recently experienced.

General

- Fever
- Chills
- Fatigue
- Night Sweats
- Weight Gain
- Weight Loss
- Loss of Appetite
- Sneezing
- Seasonal Allergies

Eyes

- Vision Changes
- Eye Discharge
- Eye Pain
- Eye Redness
- Dry Eyes

ENT

- Ear Pain
- Facial Pain
- Nasal Congestion
- Difficulty Swallowing
- Difficulty Speaking
- Voice Hoarseness
- Throat Pain
- Nose Bleeds

Respiratory

- Dry Cough
- Productive Cough
- Shortness of Breath
- Wheezing

Cardiovascular

- Chest Pain
- Chest Pressure
- Swelling
- Fast/Irregular Heartbeat
- Fainting

Breasts

- Breast Pain
- Breast Lumps
- Nipple Changes

GI/Abdominal

- Abdominal Pain
- Nausea
- Vomiting
- Constipation
- Diarrhea
- Blood in Stool

Genitourinary

- Painful Urination
- Frequency
- Urgency
- Incontinence
- Blood in Urine

GU—Females Only:

- Pregnant
- Abnormal Bleeding
- Vaginal Discharge

GU—Males Only:

- Erectile Dysfunction
- Penile Discharge
- Testicular Swelling
- Testicular Pain

Musculoskeletal

- Back Pain
- Joint Pain
- Joint Swelling
- Muscle Aches
- Muscle Pain/Spasm
- Muscle Weakness
- Difficulty Walking

Skin

- Rash
- Itching
- Changes in Moles
- Wounds

Neurological

- Headaches
- Dizziness
- Numbness/Tingling
- Shooting Pains in Arms or Legs

Psychological

- Anxiety/Panic Attacks
- Depression
- Increased Stress
- Suicidal
- Trouble Staying Focused/"On Task"
- Difficulty Sleeping

Endocrine

- Excessive thirst
- Excessive Hunger
- Excessive Urination

Other Symptoms:
