

**REVIEW OF SYSTEMS**

DO YOU NOW OR HAVE YOU HAD ANY PROBLEMS IN THE PAST 2 WEEKS RELATED TO THE FOLLOWING SYTEMS?  
CIRCLE YES OR NO. PLEASE EXPLAIN ANY YES ANSWERS IN THE SPACE PROVIDED.

**CONSTITUTIONAL SYMPTOMS**

FEVER Y N  
CHILLS Y N  
HEADACHE Y N  
OTHER \_\_\_\_\_

**INTEGUMENTARY**

SKIN RASH Y N  
BOILS Y N  
PERSISTENT ITCH Y N  
OTHER \_\_\_\_\_

**EYES**

BLURRED VISION Y N  
DOUBLE VISION Y N  
PAIN Y N  
OTHER \_\_\_\_\_

**MUSCULOSKELETAL**

JOINT PAIN Y N  
NECK PAIN Y N  
BACK PAIN Y N  
OTHER \_\_\_\_\_

**ALLERGIC/IMMUNOLOGIC**

HAY FEVER Y N  
DRUG ALLERGIES Y N  
OTHER \_\_\_\_\_

**EAR/NOSE/THROAT/MOUTH**

EAR INFECTION Y N  
SORE THROAT Y N  
SINUS PROBLEMS Y N  
OTHER \_\_\_\_\_

**NEUROLOGICAL**

TREMORS Y N  
DIZZY SPELLS Y N  
NUMBNESS/TINGLING Y N  
OTHER \_\_\_\_\_

**GENITOURINARY**

URINE RETENTION Y N  
PAINFUL URINATION Y N  
URINARY FREQUENCY Y N  
OTHER \_\_\_\_\_

**ENDOCRINE**

EXCESSIVE THIRST Y N  
TOO HOT/COLD Y N  
TIRED/SLUGGISH Y N  
OTHER \_\_\_\_\_

**RESPIRATORY**

WHEEZING Y N  
FREQUENT COUGH Y N  
SHORTNESS OF BREATH Y N  
OTHER \_\_\_\_\_

**GASTROINTESTINAL**

ABDOMINAL PAIN Y N  
NAUSEA/VOMITING Y N  
INDIGESTION/HEARTBURN Y N  
OTHER \_\_\_\_\_

**HEMATOLOGIC/LYMPHATIC**

SWOLLEN GLANDS Y N  
BLOOD CLOTTING PROBLEM Y N  
OTHER \_\_\_\_\_

**CARDIOVASCULAR**

CHEST PAIN Y N  
VARICOSE VEINS Y N  
HIGH BLOOD PRESSURE Y N  
OTHER \_\_\_\_\_

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**PHYSICIAN USE ONLY (COMMENTS/NOTES)**

PHYSICIAN: \_\_\_\_\_ DATE: \_\_\_\_\_