

Name: \_\_\_\_\_

## Medical Review of Systems

Please place a check mark 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 urine
- ☐ 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
  - ☐ Abnormal vaginal discharge
- Other \_\_\_\_\_

### Males

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

### Explanation

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface.