## **REVIEW OF SYSTEMS**

Please place a check mark beside any of the following symptoms or problems if you have experienced them recently or have concerns about them. If you don't understand something, place a question mark by it. Your doctor may discuss any positive responses with you.

#### General:

Fevers, chills or sweat	Recent loss of appetite	Fatigue	Recent
unexpected weight loss			
Eyes:			
Blurred or double vision	Eye pain or irritation	Eye discharge	e Eye
pain Failing vision	Sensitivity to light	5 0	5
Ears, Nose, Throat	<i>y</i> 0		
	s Decreased hearing	Difficulty swa	allowing
Frequent nose bleeds			
trouble or congestion			
Cardiovascular:			
Chest pain Fainting spells	B Palpitation (fast, irreg	gular heart)	Shortness of
breath with exertion Swollen ankles			
<b>Respiratory:</b> Chronic cough	Chronic shortness of breath	Chronic whee	zing
Coughing up blood Excessive phlegm			
Gastrointestinal:			
Persistent nausea/vomiting	Diarrhea Constipation	Change in app	pearance of
stool Chronic abdominal pa	ain Bloody or very black	stool Jaundi	ice (yellow
skin)			
If you are a woman:			
Unusual vaginal discharge Loss of control of your urine Painful urination			
Blood in urine Increased frequency of urination Have your periods stopped?			
Do you have excessive flow, pain, or other menstrual symptoms that			
disrupt your life? Genital sores Nipple discharge Breast mass or tenderness			
Desires discussion on HIV	Desires treatment for menop	ause symptoms	Desires
Birth Control			
If you are a man:			
Painful urination Blood in urine Increased frequency of urination Urinating more			
than twice a night Loss of control of your urine Difficulty getting or maintaining an			
Erection Decreased desire for	r sexual intercourse Desires	discussion on I	HIV
Musculoskeletal:			
Back pain Joint pain Swelling in joints Muscle cramping Muscle weakness			
Muscle stiffness Arthritis			
Skin:			
Skin rashes Itching Chronic dry skin Suspicious moles or other skin			
abnormalities you are concerned about			

## **Neurologic:**

Headache Unable to move parts of your body at times Weakness Numbness/tingling sensations Seizures/convulsions Fainting spells Tremor/hands shaking Dizziness/vertigo

# **Psychological:**

Feeling depressed, sad Memory loss Difficulty concentrating Phobias/unexplained fears No pleasure in life anymore

## **Endocrine:**

Cold or heat intolerance Excessive appetite Excessive thirst and urination Significant weight change

# Heme/Lymphatic:

Excessive bruising or bleeding Swollen glands in neck, armpits, or groin

#### Allergic/Immunologic:

Hives Hay fever Getting lots of infections Any chronic infections, such as hepatitis

#### Anything else you want your doctor to be aware of?