

Review of Symptoms

Today's Date: _____ Patient Name: _____ Date of Birth: _____

Please review and mark any current symptoms or problems you have experienced in the last six months.

General:

- ☐ Loss of appetite
- ☐ Fever/chills
- ☐ Night sweats
- ☐ Weakness
- ☐ Fatigue

Hematologic:

- ☐ Abnormal bleeding
- ☐ Abnormal bruising
- ☐ Swollen glands

Allergies/immunologic:

- ☐ Seasonal allergies
- ☐ Food allergy _____
- ☐ Sinus Problems
- ☐ Frequent infections

Skin:

- ☐ Slow healing
- ☐ Rash
- ☐ Nail change
- ☐ Change in skin or mole
- ☐ Other _____

Breasts:

- ☐ Discharge/bleeding
- ☐ Lump
- ☐ Pain

Eyes:

- ☐ Change in vision
- ☐ Eye infection
- ☐ Eye pain

Ears/Nose/Throat:

- ☐ Hearing loss
- ☐ Ringing in ears
- ☐ Bleeding gums
- ☐ Hoarseness
- ☐ Neck swelling/lumps
- ☐ Nose bleeds
- ☐ Dental Issues

Cardiovascular:

- ☐ Chest discomfort/pain
- ☐ Irregular heart beat
- ☐ Swollen hands or feet
- ☐ Racing heart

Respiratory:

- ☐ Shortness of breath
- ☐ Cough
- ☐ Wheezing
- ☐ Cough up blood
- ☐ Difficulty breathing

Gastrointestinal:

- ☐ Bloody or black stools
- ☐ Constipation
- ☐ Difficulty swallowing
- ☐ Heartburn/esophageal reflux
- ☐ Diarrhea
- ☐ Nausea
- ☐ Vomiting
- ☐ Abdominal Pain
- ☐ Pain with bowel movements
- ☐ Jaundice

Urinary:

- ☐ Blood in urine
- ☐ Frequency
- ☐ Difficulty urinating
- ☐ Pain or burning with urination
- ☐ Incontinence

Musculoskeletal:

- ☐ Back or neck pain
- ☐ Painful or stiff joints
- ☐ Bone pain, Site: _____
- ☐ Arthritis

Mental Health:

- ☐ Depressed or sad
- ☐ Anxiety
- ☐ Sleep issues
- ☐ Suicidal thoughts

Neurological:

- ☐ Headaches
- ☐ Dizziness
- ☐ Fainting
- ☐ Loss of balance
- ☐ Difficulty speaking
- ☐ Loss of sensation
- ☐ Memory Issues
- ☐ Seizures

Endocrine:

- ☐ Weight loss
- ☐ Weight gain
- ☐ Excessive thirst
- ☐ Heat/cold intolerance

FOR WOMEN

Gynecological:

- ☐ Irregular menstrual periods
- ☐ Hot flashes
- ☐ Menopause
- ☐ Heavy menstrual bleeding

Check this box if you do NOT have any symptoms listed:

- ☐ I do not have any symptoms.