REVIEW OF SYSTEMS QUESTIONNAIRE

The following questionnaire is intended to help us better evaluate and treat your medical problems. We appreciate you filling it out in its entirety. Should you have any questions, please do not hesitate to ask the office staff.

Thank you.

Name: _____

Date of Birth: _____ **Date:** _____

Are you currently experiencing any of the following? (Please check all that apply)

General

____ Fatigue
____ Loss of appetite
____ Weakness
____ Fever / Chills
____ Weight Change

ENT / Respiratory

____ Cough
____ Sinus Pressure
____ Nose Bleed
____ Difficulty Breathing
____ Chest tightness
____ Post Nasal Drip
____ Ringing in the Ears

Cardiology

____ Chest Pain
____ Leg Pains
____ Shortness of Breath
____ Diaphoresis (excessive sweating)
____ Palpitations
____ Syncope (fainting)

Gastroenterology

____ Abdominal Pain
____ Blood in stool
____ Difficulty Swallowing
____ Constipation
____ Nausea
____ Vomiting

(FOR MALES ONLY) Genitourinary

____ Increased Urinary Frequency
____Decreased Force in Urination Stream
____ Blood in urine
____ Penile Discharge
____ Burning Urination
____ Urine Odor
____ Nocturia (waking up more than once in the middle of the night to urinate)

(FOR FEMALES ONLY) Genitourinary

____ Blood in Urine
____Decreased Force in Urination Stream
____ Urine Odor
____ Burning Urination
____ Increased Urinary Frequency
____ Nocturia (waking up more than once in the middle of the night to urinate)

Neurology

____ Headache
____ Seizure
____ Tremors
____ Fainting/Blackouts
____ Paresthesias (tingling or numbness)
____ Memory Impairment
____ Weakness

Musculoskeletal

____ Joint Swelling
____ Arthralgias (joint pain)
____ Leg Cramps
____ Muscle Weakness

Psychology

____ Depression
____ Anxiety
____ Irritability
____ Sleep Disturbances
____ Mood Swings

Endocrinology

____ Increased Hair Growth
____ Polyphagia (extreme, insatiable hunger)
____ Polydipsia (excessive thirst)
____ Dry Skin, Brittle Nails

Ophthalmology

____ Diminished Vision
____ Drainage from Eyes
____ Eye Irritation

Dermatology

____ Discoloration of Skin
____ Varicose Veins

Are there any other symptoms or concerns you'd like to mention?

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