

REVIEW OF SYSTEMS

Patient Name: _____

Please check any of the following that you are currently experiencing or have recently experienced.

Constitutional:	Y	Musculoskeletal:	Y
Do you feel fatigued during the day?		Do you have low back pain?	
Do you have headaches?		Do you have pain in your leg?	
Do you have a fever?		Do you have foot pain?	
Do you have chills?		Do you have joint pain?	
Do you have sweats?		Do you have bone pain?	
Do you have malaise?		Do you have general muscle aches or pains?	
Have you experienced any weight loss?		Have you had swelling in your legs?	
Do you feel any dizziness/fainting spells?		Have you had joint swelling or stiffness?	
Eyes:	Y	Have you noticed a change in the way you walk?	
Do you wear glasses?		Is it difficult to climb stairs?	
Do you wear contacts?		Are you experiencing a loss of strength in your leg?	
Do you have blurry vision?		Do you limp when you walk?	
Do you have burning eyes?		Do your shoes wear out quickly or unevenly?	
Do you have itchy eyes?		Integumentary (Skin):	Y
Do you have sensitivity to light?		Is your skin strongly sensitive when exposed to the sun?	
Are your eyes frequently red?		Do you have any skin rashes?	
Do you have eye pain?		Do you have any warts on your feet?	
Ears, Nose, & Throat:	Y	Do you have any moles, lumps, or bumps on your skin?	
Do you have ringing in your ears?		Do you have extremely dry skin or cracking?	
Do you get nosebleeds?		Do you have open skin sores?	
Do you have difficulty swallowing?		Are there unusual areas of discoloration on your skin?	
Cardiovascular:	Y	Do you have any corns or calluses on your feet?	
Have you noticed your legs or ankles swelling?		Are your nails unusually thick?	
Do you have cramping in your legs at night or at rest?		Are your nails deformed?	
Do you have cramping in your legs/calf when walking?		Are your nails ingrown and tender?	
Respiratory:	Y	Do your nails cause you pain?	
Do you have chest pain?		Do you have noticeable hair loss on your legs or feet?	
Do you have difficulty breathing?		Neurological:	Y
Do you have shortness of breath?		Do you ever feel dizzy?	
Have you had a cough lasting longer than 3 weeks?		Do you often feel confused or disoriented?	
Gastrointestinal:	Y	Do you have problems with your balance?	
Do you have a loss in appetite?		Do you have frequent or reoccurring headaches?	
Do you have increase in appetite?		Do you have seizures?	
Does Aspirin cause stomach pain?		Do you have tremors of your extremities?	
Do you have a history of stomach ulcers?		Do your legs often feel like they are going to sleep?	
Do you have heartburn?		Do you have numbness in your legs?	
Do you have bloody or dark stools?		Do you have a feeling of burning in your legs?	
Genitourinary:	Y	Do you have pain in the legs with walking or exercises?	
Do you have pain with urination (dysuria)?		Do you have leg pain that is worse at night or rest?	
Have you noticed blood in your urine (hematuria)?		Do you have leg pain all the times?	
Do you have any discharge?		Do you experience shooting pains down your legs?	
Do you urinate more frequently than before?		Do you have paralysis (complete loss of muscle strength in legs)?	
Do you have burning with urination?		Psychiatric:	Y
Hematologic/Lymphatic:	Y	Do you have a history of psychiatric problems?	
Do you bruise easily?		Are you subject to mood swings?	
Do you have any abnormal bruising?		Are you under a lot of stress?	
Are you bleeding?		Endocrine:	Y
Allergic/Immunologic:	Y	Are you excessively thirsty?	
If you get cut, does it take a long time to heal?		Do you have a history of bad breath?	
Do you have allergic reactions to medication(s)?		Are you experiencing night sweats?	
Do you have allergic reactions to foods?		Do you have swollen glands?	
Do you have allergic reactions to dye?		Have you had a significant weight change recently?	