



*Women's Health Specialists*

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

Date of Birth: \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

Today's Date: \_\_\_\_\_

## Review of Systems Form

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 will discuss any positive responses with you.

**General:**

- Fevers, chills or sweat
- Recent loss of appetite
- Fatigue
- Recent unexpected weight loss or gain

**Eyes:**

- Blurred or double vision
- Eye pain, irritation or discharge
- Failing vision
- Sensitivity to light

**Ears, Nose, Throat:**

- Earache
- Ringing in ears
- Decreased hearing
- Difficulty swallowing
- Frequent nose bleeds
- Frequent sore throat or prolonged hoarseness
- Sinus trouble or congestion

**Cardiovascular:**

- Chest pain
- Fainting spells
- Palpitation (fast, irregular heart)
- Shortness of breath with exertion
- Swollen ankles

**Respiratory:**

- Chronic cough or wheezing
- Coughing up blood
- Excessive phlegm or chest congestion

**Gastrointestinal:**

- Persistent nausea/vomiting
- Diarrhea
- Constipation
- Change in appearance of stool
- Chronic abdominal pain or bloating
- Bloody or very black stool

**Gynecologic:**

- Unusual vaginal discharge
- Loss of control or leaking of urine
- Painful or increased frequency of urination
- Genital sores
- Nipple discharge
- Breast mass or tenderness

**Musculoskeletal:**

- Back pain
- Joint pain or swelling
- Muscle cramping, weakness or stiffness
- Arthritis

**Skin:**

- Skin rashes
- Itching
- Chronic dry skin
- Suspicious moles or other skin abnormalities

**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

Anything else you want your doctor to be aware of?

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