CHECKLIST: Review of Systems

Checklist:

General-

□ Weight loss or gain
□ Fever or chills
□ Trouble sleeping
□ Fatigue
□ Weakness

Skin-

□ Rashes
□ Itching
□ Color changes
□ Lumps
□ Dryness
□ Hair and nail changes

Head-

□ Headache
□ Head injury

Ears-

□ Decreased hearing
□ Earache
□ Ringing in ears (tinnitus)
□ Drainage

Eyes-

□ Vision
□ Blurry or double vision
□ Cataracts
□ Glasses or contacts
□ Flashing lights
□ Last eye exam
□ Pain
□ Specks
□ Redness
□ Glaucoma

Nose-

□ Stuffiness
□ Itching
□ Nosebleeds
□ Discharge
□ Hay fever
□ Sinus pain

Throat-

□ Teeth
□ Sore tongue
□ Thrush
□ Gums
□ Dry mouth
□ Non-healing sores
□ Bleeding
□ Sore throat
□ Last dental exam
□ Dentures
□ Hoarseness

Neck-

□ Lumps
□ Pain
□ Swollen glands
□ Stiffness

Breasts-

□ Lumps
□ Discharge
□ Breast-feeding
□ Pain
□ Self-exams

Respiratory-

□ Cough (dry or wet, productive)
□ Coughing up blood (hemoptysis)
□ Wheezing
□ Painful breathing
□ Sputum (color and amount)
□ Shortness of breath (dyspnea)

Cardiovascular-

□ Chest pain or discomfort
□ Tightness
□ Palpitations
□ Shortness of breath with activity (dyspnea)
□ Difficulty breathing lying down (orthopnea)
□ Swelling (edema)
□ Sudden awakening from sleep with shortness of breath (Paroxysmal Nocturnal Dyspnea)

Gastrointestinal-

□ Swallowing difficulties
□ Heartburn
□ Change in appetite
□ Nausea
□ Change in bowel habits
□ Rectal bleeding
□ Constipation
□ Diarrhea
□Yellow eyes or skin (jaundice)

Urinary-

□ Frequency
□ Urgency
□ Burning or pain
□ Blood in urine (hematuria)
□ Incontinence
□ Change in urinary strength

Genital-

Male-

□ Pain with sex
□ Hernia
□ Penile discharge
□ Sores
□ Masses or pain
□ Erectile dysfunction
□ STD's

Female-

□ Pain with sex
□ Vaginal dryness
□ Hot flashes
□ Vaginal discharge
□ Itching or rash
□ STD's

Vascular-

□ Calf pain with walking (Claudication)
□ Leg cramping

Musculoskeletal-

□ Muscle or joint pain
□ Stiffness
□ Back pain
□ Redness of joints
□ Swelling of joints
□ Trauma

Neurologic-

□ Dizziness
□ Fainting
□ Seizures
□ Weakness
□ Numbness
□ Tingling
□ Tremor

Hematologic-

□ Ease of bruising
□ Ease of bleeding

Endocrine-

□ Head or cold intolerance
□ Sweating
□ Frequent urination (polyuria)
□ Thirst (polydypsia)
□ Change in appetite (polyphagia)

Psychiatric-

□ Nervousness
□ Depression
□ Memory loss
□ Stress