**REVIEW OF SYSTEMS PATIENT QUESTIONNAIRE**

**(Mark any that apply)**

**Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **General** |
| □ Fevers □ Chills □ Sweats □ Fatigue □ Weight loss |
| **Eyes** |
| □ Blurring □ Irritation □ Discharge □ Vision loss |
| **Ears/Nose/Throat** |
| □ Earache □ Decreased hearing □ Nasal congestion □ Nosebleeds □ Sore throat |
| **Cardiovascular** |
| □ Chest pain □ Palpitations □ Fainting □ Shortness of breath □ Lower extremity swelling |
| **Respiratory** |
| □ Cough □ Wheezing |
| **Gastrointestinal** |
| □ Nausea/Vomiting □ Diarrhea □ Constipation □ Change in bowel habits □ Abdominal pain  □ Blood in stool |
| **Genitourinary** |
| □ Vaginal discharge □ Incontinence □ Painful urination □ Blood in urine □ Urinary frequency □ Missed periods □ Abnormal vaginal bleeding □ Bleeding after intercourse □ Pelvic pain  □ Exposure to sexually transmitted infection □ Vaginal itching/irritation □ Loss of interest in sex  □ Pain with sex |
| **Musculoskeletal** |
| □ Back or Joint Pain □ Arthritis □Joint swelling □ Muscle cramps □Muscle weakness/stiffness |
| **Integumentary (Skin)** |
| □ Rash □ Itching □ Dryness □ Lesions □ Hair loss |
| **Neurologic** |
| □ Weakness □ Seizures □ Tremors □ Dizziness □ Headaches □ Fainting  □ Numbness or tingling in hands/feet □ Memory loss |
| **Psychiatric** |
| □ Depression □ Anxiety □ Suicidal thoughts □ Hallucinations □ Paranoia |
| **Endocrine** |
| □ Cold/heat intolerance □ Excessive thirst □ Excessive hunger □ Weight gain |
| **Hemo/Lymphatic** |
| □ Abnormal bruising □ Bleeding □ Enlarged lymph nodes |
| **Allergic/Immunologic** |
| □ Hives □ Hay fever □ Persistent infections □ HIV exposure |
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