**ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MD\_\_\_\_\_\_\_\_\_**

 **OB\_\_\_\_\_\_\_\_\_\_ GYN\_\_\_\_\_\_\_\_\_**

 **REVIEW OF SYSTEMS PATIENT QUESTIONNAIRE**

**(Mark any that apply)**

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

**Reason for visit: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **General** |
|  □ Fevers □ Chills □ Sweats □ Fatigue □ Weight loss  |
| **Eyes** |
|  □ Blurring □ Vision loss |
| **Ears/Nose/Throat** |
| □ Decreased hearing □ Nosebleeds □ Sore throat  |
| **Cardiovascular** |
|  □ Chest pain □ Palpitations □ Fainting □ Lower extremity swelling  |
| **Respiratory** |
|  □ Cough □ Wheezing □ Shortness of breath |
| **Gastrointestinal** |
|  □ Nausea/Vomiting □ Diarrhea □ Constipation □ Change in bowel habits □ Abdominal pain □ Blood in stool □ Stool incontinence □ Bloating |
| **Genitourinary** |
| □ Vaginal discharge □ Urinary Incontinence □ Painful urination □ Blood in urine □ Urinary frequency □ Missed periods □ Heavy Periods □ Bleeding after intercourse □ Pelvic pain □ Exposure to sexually transmitted infection □ Vaginal itching/irritation □ Vaginal dryness □ Vaginal odor □ Loss of interest in sex □ Pain with sex |
| **Breast** |
| □ Breast pain or tenderness □ Breast lump or mass □ Breast discharge  |
| **Musculoskeletal** |
|  □ Back or Joint Pain □ Joint swelling □ Muscle cramps □ Muscle weakness/stiffness  |
| **Integumentary (Skin)** |
|  □ Rash □ Itching □ Dryness □ Lesions □ Hair loss |
| **Neurologic** |
|  □ Weakness □ Seizures □ Tremors □ Dizziness □ Headaches  □ 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 □ Hot flashes |
| **Hemo/Lymphatic** |
|  □ Abnormal bruising □ Bleeding w/cuts □ Enlarged lymph nodes |
| **Allergic/Immunologic** |
|  □ Hives □ Hay fever □ Persistent infections □ HIV exposure  |