

# Systems Review

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Check** any conditions that are **NOW** causing you a problem.

**Check** those that have caused you problems in the **PAST**.

GENERAL SYMPTOMS			RESPIRATORY			GENITOURINARY		
	Now	Past		Now	Past		Now	Past
Fever			Chronic cough			Frequent urination		
Sweats			Spitting up phlegm			Painful urination		
Fainting			Spitting up blood			Blood in urine		
Sleep disturbance			Chest pain			Pus in urine		
Fatigue			Wheezing			Kidney infection		
Nervousness			Difficulty breathing			Prostate trouble		
Weight loss			Asthma			Uncontrollable urine-flow		
Weight gain								
NEUROLOGICAL			CARDIOVASCULAR			GASTROINTESTINAL		
Visual disturbance			Rapid beating heart			Poor appetite		
Dizziness			Slow beating heart			Difficult digestion		
Fainting			High blood pressure			Heartburn		
Convulsions			Low blood pressure			Ulcers		
Headache			Pain over heart			Nausea		
Numbness			Hardening of arteries			Vomiting		
Neuralgia (nerve pain)			Swollen ankles			Constipation		
Poor coordination			Poor circulation			Diarrhea		
Weakness			Palpitations			Blood in stool		
			Cold hand or feet			Gallbladder/jaundice		
			Varicose veins			Colitis		
EYES, EARS, NOSE, THROAT			MUSCLE & JOINT			FOR WOMEN ONLY		
Eye pain			Neck pain			Painful menstruation		
Double vision			Low back pain			Hot flashes		
Ringing in ears			Arm pain			Irregular cycle		
Deafness			Shoulder pain			Cramps or back pain		
Nosebleeds			Leg pain			Vaginal discharge		
Trouble swallowing			Knee pain			Nipple discharge		
Hoarseness			Foot pain			Lumps in breast		
Sinus infection			Pain/numbness down arms or legs			Menopausal symptoms		
Nasal drainage			Pain between shoulders			Birth control pills		
Enlarged glands			swollen joints			Miscarriages		
			Spinal curvature			Complications with pregnancy		
			Arthritis			Pregnant? Y / N		
			Fractures			Week?		
						Other:		