

Innovative Family Care

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Review of Systems Checklist

Circle any symptom you are experiencing

<u>Constitutional</u> Fevers Chills Unexplained weight loss	<u>Musculoskeletal</u> Pain in joints Pain in muscles Joint swelling
<u>Eyes</u> Visual changes Eye pain	<u>Skin</u> Rashes Bothersome skin lesions Itching Unusual colors of skin
<u>Ears</u> Hearing loss Ear Drainage Ear pain	<u>Breast</u> Lumps Nipple discharge Pain Unusual or persistent rash on breast
<u>Nose/Mouth/Throat</u> Nasal congestion Nasal discharge Oral lesions Postnasal drip Sore throat	<u>Neurological</u> Headaches Itching Unusual sensations (pins and needles) Confusion Difficulty speaking Instability on walking
<u>Respiratory</u> Cough Shortness of breath Wheezing	<u>Psychiatric</u> Anxiety Depression Hearing voices Seeing things that aren't there
<u>Gastrointestinal</u> Diarrhea Constipation Blood of stools Abdominal pain Vomiting Heartburn	<u>Hematologic/Lymphatic</u> Easy bruising Easy bleeding Swollen glands
<u>Genitourinary</u> Urinary frequency Blood in urine Leaking of urine Pain with urination	<u>Allergic/Immunologic</u> Itching Sneezing Watery eyes Clear nasal discharge Recurrent infections
<u>Endocrine</u> Polydipsia/polyuria Diaphoresis Cold/heat intolerance	<u>Cardiovascular</u> No chest pain Palpitations