

Review of Symptoms

Name: _____ Date: _____

REVIEW OF SYMPTOMS: Please draw a circle around any symptoms or conditions in which you recently had or now have. If your symptoms or conditions are not on this list, please write it in.

General: chills, fatigue, fever, trouble sleeping, weakness, weight changes, change in appetite, night sweats, others _____

Skin: changes in hair or nails, color changes, dry skin, itching, lumps, rashes, excessive sweating, lesions or sores, changes in mole(s), new mole(s), other _____

Head, Ears, Nose, Throat: headache, head injury, decreased hearing, ringing in ears, earache, drainage from ears, nasal congestion, nasal discharge, nose bleeds, sinus pain, dentures, dry mouth, sore throat, hoarseness, non-healing sores, thrush, other _____

Eyes: blurred vision, cataracts, change in vision, double vision, eye pain, flashing lights, glasses or contacts, red eyes, blind spots, color blindness, excessive tearing, eye discharge, itching, glaucoma, night blindness, other _____

Neck: mass, pain, stiffness, swollen glands, enlarged thyroid, swelling, other _____

Respiratory: cough, coughing up blood, painful breathing, shortness of breath, sputum, wheezing, chest wall pain, snoring, nocturnal choking or gasping, other _____

Cardiac: chest pain, chest tightness, difficulty breathing when lying flat, palpitations, shortness of breath on activity, edema, high blood pressure, irregular heartbeat, murmur, other _____

Gastrointestinal: change in appetite, change in bowel habits, constipation, diarrhea, difficulty swallowing, fecal incontinence, heartburn, nausea, rectal bleeding, vomiting, yellow eyes or skin, abdominal pain, belching, bloating, food intolerance, gallstones, hemorrhoids, hepatitis, other _____

Urinary: blood in urine, burning with urination, urgency, incontinence, decrease in urine stream, dribbling, flank pain, infection, kidney stones, nocturia, urine retention, other _____

Peripheral Vascular: calf pain with walking, leg cramping, cramps, thrombophlebitis, varicose veins, other _____

Musculoskeletal: morning stiffness, bone pain, joint pain, low back pain, mid back pain, muscle pain, neck pain, redness of joints, swelling of joints, arthritis, gout, limitation of motion, muscle cramps, stiffness, other _____

Neurological: dizziness, fainting, memory loss, numbness, seizures, tingling, tremors, weakness, blackouts, clumsiness, disorientation, involuntary movement, paralysis, other _____

Hematologic: easy bleeding, easy bruising, gums bleeding, anemia, bleeding, blood transfusion, other _____

Endocrine: cold intolerance, excessive thirst, heat intolerance, sweating, excessive hunger, foot ulcers, polyuria, thyroid problems, unusual hair loss, other _____

Psychiatric: depression, helplessness, hopelessness, nervousness, stress, thoughts of hurting others, thoughts of hurting yourself, anxiety, binge eating, delusions, hallucinations, insomnia, irritability, memory change, mood swings, panic episodes, paranoia, poor concentration, purging, suicidal thoughts or ideations, other _____

Date of last menstrual period: _____

Is it possible that you are pregnant? Yes or No

Do you plan to become pregnant in the next few months? Yes or No