

Systems Review

Patient Name..... Date.....

Please **circle** any conditions that are **presently** causing you a problem and **underline** those that have caused you problems in the **past**.

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

Please use the following letters to indicate TYPE and LOCATION of the symptoms you currently are experiencing.

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|--------------------|--------------------------|
| A =Ache | O =Other |
| B =Burning | P =Pins & Needles |
| N =Numbness | S =Stabbing |

