

## REVIEW OF THE SYSTEM (>10 ELEMENTS)

<u>GENERAL</u>	<u>YES</u>	<u>NO</u>
<u>Chills</u>		
<u>Trouble Sleeping</u>		
<u>Change in weight</u>		
<u>Fatigue</u>		
<u>Malaise</u>		
<u>Change in appetite</u>		
<u>Allergies</u>		

<u>SKIN</u>	<u>YES</u>	<u>NO</u>
Rashes		
Lumps		
Color changes		
Dryness		
Cysts		
Other growths		
Keloid (Hypertrophic scars)		
Cold sores (Herpes, Infections)		
Abnormal moles		
Psoriasis		
Itching		

<u>EYES</u>	<u>YES</u>	<u>NO</u>
Visual changes		
Pain		
Infection		
Blurry or double vision		
Conjunctivitis		
Drooping of upper eyelid		
Glaucoma		
Loss of vision		

<u>NOSE</u>	<u>YES</u>	<u>NO</u>
Epistaxis		
Rhinitis		
Sinusitis		

<u>OROPHARYNGEAL</u>	<u>YES</u>	<u>NO</u>
Tongue problems		
Change in taste		
Mouth lesions or ulcers		

<u>HEMATOLOGIC</u>	<u>YES</u>	<u>NO</u>
Anemia or FH of anemia (sickle cell, etc)		
Easy bruising or bleeding		
Past use of blood thinners		
Swollen glands		

<u>RESPIRATORY</u>	<u>YES</u>	<u>NO</u>
Cough (productive or nonproductive)		
Wheezing		
Hemoptysis		
Sleep apnea		
Pneumonia or bronchitis wheezing		
Chest tender spots		
Shortness of breath (SOB)		
Dyspnea on exertion (DOE)		
TB		
Excessive snoring		
Any abnormal chest X-ray in past		
Positive PPD or prior BCG		

<u>GENITOURINARY /GYNECOLOGICAL</u>	<u>YES</u>	<u>NO</u>
Frequency		
Dysuria		
Hematuria		
Urine retention		
Urinary incontinence		
Bladder control problems		
Irregular vaginal bleeding		
Nipple discharge		
Breast mass		
Breast pain(mastodynia)		
Pelvic pain		
Kidney stones		
Urinary tract infection (UTI)		
Nocturia		

<u>ENDOCRINE</u>	<u>YES</u>	<u>NO</u>
Cold / Hot intolerance		
Thyroid problems		
Lumps, masses, nodules		
Lymph nodes		
Pain or dizziness w/ neck movements		
weight loss/weight gain		
Fatigue		
Frequent urination		
Thirst		
Change in appetite		
Polyuria/polydipsia		
Breast Masses		
Nipple Discharge		
Pain		
Change in nipples		

<u>HEMATOLOGIC</u>	<u>YES</u>	<u>NO</u>
Anemia or FH of anemia (sickle cell, etc)		
Easy bruising or bleeding		
Past use of blood thinners		
Swollen glands		

<u>HEAD</u>	<u>YES</u>	<u>NO</u>
Headache/migraines		
Other head pain		
Trauma		
Drooping of forehead		

<u>EARS</u>	<u>YES</u>	<u>NO</u>
Decreased hearing		
Tinnitus		
Discharge		
Infection		
Vertigo		

PLACE PATIENT  
STICKER  
LABEL HERE

<b>CARDIOVASCULAR</b>	<b>YES</b>	<b>NO</b>
Chest pain or angina		
Swelling of legs		
Varicose veins		
Palpitation		
Able to walk 2 block or climb 2 flight of stairs with out chest pain or SOB		
Unable to walk 2 block or climb 2 flight of stairs with out chest pain or SOB		

<b>PSYCHIATRIC</b>	<b>YES</b>	<b>NO</b>
Depressive symptoms (e.g. feeling down or blue, crying, loss of interest in friends, etc)		
Anxious		
Lethargy		
ADD/ADHD behaviour		
Panic attacks		
Hallucinations(visual/auditory)		
Suicidal/homicidal thoughts		

<b>MUSCULOSKELETAL/NEURO</b>	<b>YES</b>	<b>NO</b>
Arthritis		
Back pain		
Knee pain		
Joint inflammation (pain, redness swelling, warmth, deformity)		
Pain when walking		
Ingrown toe nails		
Fungal/ thick toe nails		
Shoulder/Neck/Joint/Ankle/Foot pain		
History of fractures		
Joint injuries		
Seizures or epilepsy		
Stroke		
Dizziness or vertigo		
Tremor		
Involuntary movements		
Gait problems		
Numbness or tingling		
Shoulder/Neck/Joint/Ankle/Foot swelling		

<b>DIGESTIVE</b>	<b>YES</b>	<b>NO</b>
Heartburn/indigestion		
Constipation		
Diarrhea		
Rectal bleeding		
Abdominal pain		
Melena		
Hernias		
Nausea/vomiting		
Change in bowel habits		
Gallstones		
Appendicitis		
Prior abdominal surgery/adhesions		
Hepatitis		
Hemorrhoids		
Blood in stool		
Black stool		

**REVIEW OF SYSTEM NOTES**

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PLACE PATIENT  
STICKER  
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