

REVIEW OF SYSTEMS (PLEASE CIRCLE THE SYMPTOMS THAT YOU HAVE)

| GENERAL: Fatigue, loss of appetite, weight loss, weight gain, excessive thirst | |
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| ENDOCRINE: Cold intolerance, heat intolerance | |
| CARDIOVASCULAR: Chest pain, palpitations, racing heart, ankle swelling | |
| RESPIRATORY: Shortness of breath, cough | |
| GASTROINTESTINAL: Nausea, vomiting, diarrhea, constipation, abdominal pain | |
| URINARY: Waking up multiple times at night to urinate | |
| SKIN: Rash, easy bruising | |
| NEURO: Headaches, numbness, tingling, weakness, difficulty with balance, frequent falls | |
| EYES: Recent changes in vision, double vision | |
| ENT: Difficulty swallowing, neck lumps/bumps | |
| MENTAL/BEHAVIORAL: Anxiety, depressed mood | |
| SEXUAL: | Male: Erectile dysfunction |
| | Female: Irregular periods |
| | |
| Patient Name | Date of Birth |
| Today's date_ | Reviewed by: |
| | |