

Review of Systems

Please completely fill in the selected bubbles.

Constitutional

| | | |
|------------------|---------------------------|--------------------------|
| Chills | <input type="radio"/> Yes | <input type="radio"/> No |
| Fever | <input type="radio"/> Yes | <input type="radio"/> No |
| Night/Day sweats | <input type="radio"/> Yes | <input type="radio"/> No |
| Weight loss | <input type="radio"/> Yes | <input type="radio"/> No |
| Weight gain | <input type="radio"/> Yes | <input type="radio"/> No |

Cardiology

| | | |
|---------------------|---------------------------|--------------------------|
| Chest pain | <input type="radio"/> Yes | <input type="radio"/> No |
| Leg swelling | <input type="radio"/> Yes | <input type="radio"/> No |
| Palpitations | <input type="radio"/> Yes | <input type="radio"/> No |
| Shortness of breath | <input type="radio"/> Yes | <input type="radio"/> No |

Respiratory

| | | |
|---------------------|---------------------------|--------------------------|
| Pain with breathing | <input type="radio"/> Yes | <input type="radio"/> No |
| Cough | <input type="radio"/> Yes | <input type="radio"/> No |
| Coughing blood | <input type="radio"/> Yes | <input type="radio"/> No |
| Wheezing | <input type="radio"/> Yes | <input type="radio"/> No |

Musculoskeletal

| | | |
|--|---------------------------|--------------------------|
| Swelling in small joints of hands and feet | <input type="radio"/> Yes | <input type="radio"/> No |
| Pain in small joints of hands and feet | <input type="radio"/> Yes | <input type="radio"/> No |
| Swelling in large joints | <input type="radio"/> Yes | <input type="radio"/> No |
| Pain in large joints | <input type="radio"/> Yes | <input type="radio"/> No |
| Fractures | <input type="radio"/> Yes | <input type="radio"/> No |
| Morning Stiffness | <input type="radio"/> Yes | <input type="radio"/> No |
| Great Toe Pain | <input type="radio"/> Yes | <input type="radio"/> No |
| Muscle Cramps | <input type="radio"/> Yes | <input type="radio"/> No |
| Calf pain when walking | <input type="radio"/> Yes | <input type="radio"/> No |

Neurology

| | | |
|------------------------------------|---------------------------|--------------------------|
| Periods of Unconsciousness | <input type="radio"/> Yes | <input type="radio"/> No |
| Temporary episodes of leg weakness | <input type="radio"/> Yes | <input type="radio"/> No |
| Gait Disturbances | <input type="radio"/> Yes | <input type="radio"/> No |
| Blurred Vision | <input type="radio"/> Yes | <input type="radio"/> No |
| Tingling/numbness | <input type="radio"/> Yes | <input type="radio"/> No |

Patient Name : _____ DOB: _____