

REVIEW OF SYSTEMS

CONSTITUTIONAL SYMPTOMS

Recent weight loss Yes No
 Fever Yes No
 Fatigue Yes No
 Recent weight gain Yes No

HEAD, EARS, EYES, NOSE and THROAT

Hoarseness Yes No
 Oral ulcers Yes No
 Sore throat Yes No
 Bad breath or bad taste Yes No
 Headaches Yes No
 Blurred or double vision Yes No
 Sinus problems Yes No

CARDIOVASCULAR

Chest pain or angina Yes No
 Palpitation Yes No
 Swelling of feet, ankles
 and hands Yes No
 Hypertension Yes No
 Shortness of breath Yes No

RESPIRATORY

Chronic cough Yes No
 Shortness of breath Yes No
 Wheezing Yes No
 Coughing of blood Yes No

GASTROINTESTINAL

Difficulty swallowing Yes No
 Change in bowel movements Yes No
 Nausea Yes No
 Frequent diarrhea Yes No
 Painful bowel movements Yes No
 Rectal bleeding/blood in BM Yes No
 Constipation Yes No
 Abdominal pain Yes No
 Heartburn Yes No
 Vomiting Yes No

GENITOURINARY

Frequent urination Yes No
 Burning or painful urination Yes No
 Blood in urine Yes No

MUCULOSKELETAL

Joint pain Yes No
 Joint stiffness Yes No
 Back pain Yes No
 Muscle aches Yes No
 Muscle cramps Yes No

PSYCHIATRIC

Hallucinations Yes No
 Inability to concentrate Yes No
 Anxiety Yes No
 Depression Yes No
 Insomnia Yes No
 Fearful Yes No

NEUROLOGICAL

Weakness Yes No
 Seizures Yes No
 Numbness Yes No
 Headaches Yes No
 Incontinence Yes No
 Dizziness Yes No

ENDOCRINE

Hair changes Yes No
 Heat/Cold intolerance Yes No
 Excessive urination Yes No
 Changes in appetite Yes No

HEMATOLOGIC/LYMPHATIC

Easy bruising Yes No
 Anemia Yes No
 Phlebitis Yes No
 Transfusions Yes No
 Enlarged lymph node Yes No
 Prolonged bleeding Yes No

SKIN

Dryness Yes No
 Nail changes Yes No
 Itching Yes No
 Rash Yes No
 Skin color changes Yes No