Review of Systems:

Name_____

General

yes

Usually feel tired or worn out? ☐
Morning_____ Evening_____
Poor appetite? ☐
Always or frequently thirsty? ☐
Do you often feel weak? ☐
When ill, do you recover quickly? ☐
or does it take a long time? ☐
Can you eat most foods without difficulty? ☐
Do you need to maintain a limited diet? ☐
Recent weight gain or loss? (more than 10 lbs) ☐
Have you taken a lot of antibiotics in the past? ☐
Do you usually feel colder than others? ☐
warmer than others? ☐
Do you have a strong dislike for cold weather? ☐
warm weather? ☐
Do you feel warm or feverish in the evening? ☐
Perspire easily with little exertion? ☐
Night sweats? ☐
Difficulty sleeping? ☐
Never__ Sometimes__ Often__

Skin

Itching? ☐
Rashes? ☐
Unusually dry skin? ☐
Unusually oily skin? ☐
Frequent or chronic pimples or acne? ☐
Sores or wounds that do not heal? ☐
Eczema or psoriasis? ☐

Eyes

Poor vision? ☐
Glaucoma? ☐
Poor night vision? ☐
Pain in your eyes? ☐
Dry, red, itching eyes? ☐
Frequent tearing? ☐

ENT

Hearing loss? ☐
Recent___ Chronic____
Ringing in ears? ☐
Constant___ Occasionally ____
Chronic nasal congestion? ☐
Chronic sinusitis? ☐
Frequent nosebleeds? ☐
Frequent sore throats? ☐
Constant dry throat? ☐
Always needing to clear your throat? ☐
Recurrent sores on lips, tongue or cheeks? ☐
Do you grind your teeth? ☐
TMJ? ☐
Lots of fillings or dental work? ☐

Respiratory

Asthma? ☐
Emphysema? ☐
Constant cough? ☐
Coughing up blood? ☐
Much phlegm between colds? Color?_____ ☐
Shortness of breath? ☐
Do you breathe as easily as you would like? ☐

Cardiovascular

yes

High blood pressure? ☐
Irregular heartbeat? ☐
Palpitations? ☐
Chest pain or tightness? ☐
worse with exercise or exertion? ☐
worse when lying down? ☐
Trouble breathing at night? ☐
Difficult breathing, especially when lying down? ☐
Leg cramps with walking or exercise? ☐

Musculoskeletal.

Are you aware of any structural misalignments? ☐
Scoliosis____ Unequal bone growth_____
Neck pain? ☐
Shoulder pain? ☐
Mid back pain? ☐
Low back pain? ☐
Joint pain? ☐
Which joints?_____
_____
Does your joint pain seem to move around? ☐
Is your pain increased by cold? ☐
heat? ☐
damp weather? ☐
pressure? ☐
Is your pain improved by ice? ☐
heat? ☐
touch or pressure? ☐
What else eases your pain?_____

Gastrointestinal

Bad breath? ☐
Bad taste in mouth? ☐
Any trouble swallowing? ☐
Indigestion or heartburn? ☐
Do you tend to burp a lot? ☐
Any recent change in eating habits? ☐
Any special foods that cause you difficulty? ☐
If you have stomach pain, is it worse after meals? ☐
better after meals? ☐
Feel bloated after meals? ☐
Frequent nausea or vomiting? ☐
Have you ever vomited blood? ☐
Abdominal pain or cramps? ☐
Constipation? ☐
Loose stools? ☐
Chronic diarrhea? ☐
Alternating constipation/loose stools? ☐
Blood in stools? ☐
Black or tarry stools? ☐
Hemorrhoids? ☐
Rectal pain or burning? ☐

Men

Prostate problems? ☐
Trouble getting or maintaining an erection? ☐
Any unusual or irregular discharge? ☐
Pain in the scrotum or testicles? ☐
Chronic or recurrent itching? ☐
Vasectomy? ☐