



ADULT REVIEW OF SYSTEMS

1. Constitutional Symptoms

Fever	No	Yes
Chills	No	Yes
Unexplained change in weight	No	Yes

2. Cardiovascular

Chest pain	No	Yes
Irregular heartbeats	No	Yes
Leg Swelling	No	Yes

3. Respiratory

Shortness of breath on exertion	No	Yes
cough	No	Yes
TB exposure	No	Yes

4. Gastrointestinal

Nausea	No	Yes
Vomiting	No	Yes
Constipation	No	Yes
Diarrhea	No	Yes
Abdominal Pain	No	Yes

5. Genitourinary

Urgent need to urinate	No	Yes
Do you void > 6 times a day ?	No	Yes
Do you void > 2 times at night ?	No	Yes
Painful urination	No	Yes
Visible blood in urine	No	Yes
Involuntary loss of urine	No	Yes
- related to urgency	No	Yes
- related to cough, sneeze	No	Yes
Unable to urinate	No	Yes
Urine slow to start	No	Yes
Weak urinary stream	No	Yes
Dribbling after urinating	No	Yes
Decreased sex drive	No	Yes
Pain during intercourse	No	Yes
Genital sores	No	Yes

Female :

Vaginal discharge	No	Yes
Vaginal dryness	No	Yes

Male:

Erectile dysfunction	No	Yes
- Difficulty obtaining erection	No	Yes
- Difficulty maintaining erection	No	Yes
Scrotal pain/mass	No	Yes
Penile discharge	No	Yes
Blood in semen	No	Yes
Curvature of penis	No	Yes

6. Skin

Do you currently have a rash?	No	Yes
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7. Neurological

Tingling or numbness	No	Yes
Muscular weakness	No	Yes

8. Musculoskeletal

Bone Pain	No	Yes
Back Pain	No	Yes
Muscle Pain	No	Yes

9. Endocrine

Breast Enlargement	No	Yes
Always thirsty	No	Yes
Heat/cold Intolerance	No	Yes

10. Psychiatric

Anxiety	No	Yes
Difficulty sleeping	No	Yes

11. Hematologic/Lymphatic

Easy Bleeding	No	Yes
Bruise easily	No	Yes

12. Allergic-Immunologic

Allergy resulting in rash	No	Yes
Allergy causing difficulty breathing	No	Yes

Patient Name: _____

DOB: _____

Signature: _____

Date: ____/____/____