

Adult Female Review of Systems

Name: _____ DOB: ___/___/___ Date: _____

****Please check the box if normal, or circle any symptoms you now have****

<u>Constitutional</u> <input type="checkbox"/> Normal		
Fever	Malaise (not feeling well)	Weight Gain, Involuntary
Chills	Fatigue	Weight Loss, Involuntary
Night Sweats		
<u>Eyes</u> <input type="checkbox"/> Normal		
Eye Pain	Visual Disturbances	Itchy Eyes
Red Eyes	Discharge from eyes	
<u>Ear/Nose/Throat</u> <input type="checkbox"/> Normal		
Earache	Nasal Congestion	Sore Throat
Loss of Hearing	Nasal Discharge	Snoring
Sneezing	Hoarseness	
<u>Cardiovascular</u> <input type="checkbox"/> Normal		
Chest Pain	Fainting	Lower Extremity Edema (swelling)
Palpitations	Lightheadedness	Leg Cramps with Exercise
<u>Respiratory</u> <input type="checkbox"/> Normal		
Shortness of Breath at Rest	Wheezing	Coughing up Blood
Shortness of Breath with Exertion	Dry Cough	Productive Cough
<u>Gastrointestinal</u> <input type="checkbox"/> Normal		
Abdominal Pain	Anorexia	Diarrhea
Difficulty Swallowing	Nausea	Constipation
Painful Swallowing	Vomiting	Rectal Bleeding (BRBPR)
Heartburn	Vomiting Blood	Blood in Stool (Melena)
<u>Genitourinary</u> <input type="checkbox"/> Normal		
Urinary Urgency	Blood in Urine (Hematuria)	Night-time Urination (Nocturia)
Urinary Incontinence	Painful Urination (Dysuria)	
<u>Menstrual</u>		
Painful Periods	Heavy Periods	
<u>Musculoskeletal</u> <input type="checkbox"/> Normal		
Muscle Weakness	Joint Swelling	Joint Aches
Muscle Aches, Generalized	Joint Stiffness	Back Pain
<u>Integumentary</u> <input type="checkbox"/> Normal		
Rash	Change in Mole	Mouth Sores
Itching		
<u>Breasts</u>	Breast Pain	Breast Lump
<u>Neurological</u> <input type="checkbox"/> Normal		
Headache	Memory Lapses/Loss	Frequent Falls
Confusion	Numbness	Difficulty Walking
Dizziness		
<u>Psychiatric</u> <input type="checkbox"/> Normal		
Insomnia	Anxiety	Thoughts of Suicide
Irritable	Depression	
<u>Endocrine</u> <input type="checkbox"/> Normal		
Cold Intolerance	Excessive Thirst (polydipsia)	Generalized Weakness
Heat Intolerance	Excessive Urination (polyuria)	Decreased Libido
<u>Hematology</u> <input type="checkbox"/> Normal		
Swollen Glands	Easy Bleeding	Easy Bruising

