



Patient's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

### Review of Symptoms Checklist

Are you currently experiencing any of these symptoms? (check all that apply)

#### Constitutional

- Fever
- Chills
- Weight loss
- Malaise/Fatigue
- Diaphoresis
- Weakness

#### Skin

- Rash
- Itching

#### HENT

- Headaches
- Tinnitus
- Ear pain
- Ear discharge
- Nosebleeds
- Congestion
- Stridor
- Sore throat

#### Eyes

- Blurred vision
- Double vision
- Photophobia
- Eye pain
- Eye discharge
- Eye redness

#### Cardiovascular

- Chest pain
- Palpitations
- Orthopnea
- Claudication
- Leg swelling
- PND

#### Respiratory

- Cough
- Hemoptysis
- Sputum production
- Shortness of breath
- Wheezing

#### Gastrointestinal

- Heartburn
- Nausea
- Vomiting
- Abdominal pain
- Diarrhea
- Constipation
- Melena

#### Genitourinary

- Dysuria
- Urgency
- Frequency
- Hematuria
- Flank pain

#### Musculoskeletal

- Myalgias
- Neck pain
- Back pain
- Joint pain
- Falls

#### Endo/Heme/Allergies

- Easy bruise/bleed
- Enviro. allergies
- Polydipsia

#### Neurological

- Dizziness
- Tingling
- Tremor
- Sensory change
- Speech change
- Focal weakness
- Seizures
- Loss of consciousness

#### Psychiatric

- Depression
- Suicidal ideas
- Substance abuse
- Hallucinations
- Nervous/Anxious
- Insomnia
- Memory loss

