

Adult Female Review of Systems

Name: _____ DOB: ____/____/____

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

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

