

# Review of Symptoms

Name: \_\_\_\_\_ Date of Birth/Age: \_\_\_\_\_ Date: \_\_\_\_\_

**Review of Symptoms: Do you currently have any of the following symptoms? (Circle all that apply)**

**General:** Fever Chills Night Sweats Fatigue Weight Loss Weight Gain Decreased Activity

Other: \_\_\_\_\_

**Eye:** Recent Vision Changes Double Vision Yellow Eyes Dry Eyes Excess Tearing

Other: \_\_\_\_\_

**Ear/Nose/Throat:** Hearing Loss Ringing in the Ears Dizziness Ear Pain Nasal Drainage Nasal Congestion  
Hoarse Voice Difficulty Swallowing

Other: \_\_\_\_\_

**Respiratory:** Shortness of Breath Wheezing Cough Apnea Snoring Loud Breathing

Other: \_\_\_\_\_

**Cardiovascular:** Chest Pain Irregular Heartbeat Swelling of the Legs Poor Circulation Fainting

Other: \_\_\_\_\_

**Gastrointestinal:** Nausea Vomiting Diarrhea Constipation Heartburn Yellow Skin Bleeding from Rectum

Other: \_\_\_\_\_

**Genitourinary:** Difficulty Urinating Blood in Urine Pain Urinating Frequent Urination Discharge Lesions

Other: \_\_\_\_\_

**Hematology:** Anemia Bruising Bleeding Easily Swollen Lymph Glands Prior Blood Transfusion

Other: \_\_\_\_\_

**Endocrine:** Excessive Thirst Cold Intolerance Heat Intolerance Hot Flashes High Blood Sugar Low Blood Sugar

Other: \_\_\_\_\_

**Immunologic:** Immunocompromise History of Cancer Treatment Recurrent Fevers Recurrent Infections

Other: \_\_\_\_\_

**Musculoskeletal:** Back Pain Joint Pain Muscle Weakness Muscle Cramp Joint Swelling Restless Leg

Other: \_\_\_\_\_

**Skin:** Lesions Rashes Itching Burns Hypertrophic Scarring Keloid Dryness

Other: \_\_\_\_\_

**Breast:** Lump Mass Nipple Discharge Pain

Other: \_\_\_\_\_

**Neurological:** Confusion Memory Loss Balance Problem Headache Fainting Numbness Weakness

Other: \_\_\_\_\_

**Psych:** Anxiety Depression Mania Suicidal Thoughts Hallucinations Sleeping Problems Anorexia

Other: \_\_\_\_\_

**Any other symptoms not listed:** \_\_\_\_\_