

PORTLAND SURGEONS

REVIEW OF SYSTEMS

Please circle any items that you have today

GENERAL: Fevers, chills, sweats, fatigue, feeling of general discomfort, unexplained weight loss, loss of appetite

EYES: Blurring, double vision, irritation, discharge, vision loss, eye pain, light sensitivity

EAR/NOSE/THROAT: Ear pain or discharge, ringing in the ears, decreased hearing, nasal obstruction or discharge, nosebleeds, sore throat, hoarseness, difficulty swallowing

CARDIOVASCULAR: Chest pains, forcible heart beats, fainting, shortness of breath with exercise, shortness of breath when lying down, shortness of breath at night, swelling of the feet or ankles

RESPIRATORY: Cough, shortness of breath, excessive mucus, coughing up blood, wheezing

GASTROINTESTINAL: Nausea, vomiting, diarrhea, constipation, change in bowel habits, abdominal pain, black tarry stools, blood in stools, jaundice

GENITOURINARY: Vaginal discharge or sores, menstrual irregularity, painful intercourse, leakage of urine

MUSCULOSKELETAL: Back pain, joint pain, joint swelling, muscle cramps, muscle weakness, stiffness, arthritis

SKIN: Rash, itching, dryness, suspicious lesions

NEUROLOGICAL: Transient paralysis, weakness, numbness, seizures, fainting, tremors, vertigo

PSYCHIATRIC: Depression, anxiety, memory loss, mental disturbance, suicidal thoughts, hallucinations, paranoia

ENDOCRINE: Cold intolerance, heat intolerance, excessive thirst, excessive appetite, excessive urination, weight change

HEME/LYMPHATIC: Abnormal bruising, bleeding, enlarged lymph nodes

ALLERGIC/IMMUNOLOGIC: Hives, hay fever, persistent infection, HIV exposure

CHAPERONE: Would you like a chaperone in the exam room during your visit? Yes No

OTHER: _____

Patient Name _____ Date _____