ONSLOW
EAR NOSE & THROAT

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Review of Systems

Patient name	Date

Check if you currently have any of the following symptoms

GENERAL	**GENITOURINARY**
☐ Fevers	☐ Painful urination
☐ Appetite change	☐ Burning urination
☐ Unintentional weight gain or loss	☐ Slow stream of urination
☐ Night sweats	☐ Urination at night
EYES	☐ Bladder control problem
☐ Vision change	☐ Blood in urine
☐ Eye pain	☐ Testicle lump or pain
ENT/MOUTH	☐ Abnormal vaginal discharge
☐ Hearing loss	☐ Irregular vaginal bleeding
☐ Ringing in ears (tinnitus)	**MUSCULOSKELETAL**
☐ Nose bleeds	☐ Joint pain
☐ Hoarseness	☐ Joint stiffness
CARDIOVASCULAR	☐ Joint swelling
☐ Chest pain or tightness	**SKIN/BREASTS**
☐ Irregular heartbeat	☐ Rash
☐ Fainting or dizziness	☐ Change in mole or growths
☐ Leg cramps while walking	☐ Sore that does not heal
☐ Swollen ankles or feet	☐ Hair loss
☐ Trouble breathing while laying flat	☐ Breast lump
RESPIRATORY	☐ Breast tenderness or pain
☐ Chronic cough	☐ Nipple Discharge
☐ Coughing up blood	**NEUROLOGICAL**
☐ Wheezing	☐ Numbness
☐ Shortness of breath	☐ Muscle weakness
GASTROINTESTINAL	☐ Poor coordination
☐ Difficulty swallowing	☐ Trouble walking
☐ Heartburn or indigestion	☐ Tremor or shaking
☐ Abdominal or stomach pain	☐ Memory change
☐ Nausea or vomiting	**PSYCHIATRIC**
☐ Change in bowel movements	☐ Depression
☐ Rectal bleeding	☐ Anxiety
☐ Bloody stools	**HEMATOLOGICAL/LYMPHATIC**
☐ Bloody vomit	☐ Swollen or painful lymph nodes
ENDOCRINE	☐ Easy bruising or bleeding
☐ Sensitive to heat or cold	**ALLERGIC/ IMMUNOLOGIC**
☐ Hot flashes	☐ Drug reaction
☐ Increased thirst	☐ Seasonal allergies
☐ Increased urination	☐ Recurring infection