



REVIEW OF SYMPTOMS: (Circle if present, X-out if absent, blank if not asked)

Constitutional: fever chills sweats weakness fatigue weight ↑ weight ↓

Eyes: diplopia blurry vision eye pain

ENT: sore throat coryza vision Δ postnasal drip ear pain hearing loss

Cardiac: chest pain / pressure palpitations orthopnea DOE PND Δ Exercise tolerance pedal edema

Respiratory: short of breath cough wheezing

GI: nausea vomiting fatty-food intolerance reflux heart burn dysphagia melena
diarrhea constipation Δ bowel or bladder abd pain

GU: frequency urgency dysuria hesitancy nocturia dribbling ED hematuria
irregular menses heavy menses discharge menopausal symptoms

Musculoskeletal: myalgias joint pain focal weakness back pain

Skin: bruising rashes atypical / changing moles hives hair loss

Neuro: syncope seizures numbness / tingling / weakness falling headache vertigo light-headed

Psych: Δ in sleep appetite energy concentration mood ideation
anxiety depression

Endocrine: hot / cold intolerance skin / hair changes polyuria polydipsia polyphagia

Hematologic / Lymphatic: swollen glands night sweats easy bruising

Rheum: joint pain myalgias joint swelling Raynauds

Family History: CAD DM Sudden Death HTN Cholesterol Thyroid Asthma Breast / Ovarian CA other:

Social History: married single partner separated divorced widowed children:
retired occupation exercise? living will?

Surgeries: choly TAH BSO appy tonsils hernia

Additional Notes:

Signature:

Date: