

## NEW Patient Questionnaire Review of Systems

Date: \_\_\_\_\_ Patient Name (Print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you experiencing any of the following symptoms? Please answer/check NO or YES to EACH.

General (Constitutional)	NO	YES	Respiratory	NO	YES	Genitourinary	NO	YES	Psychiatric	NO	YES
Chills			Chronic cough			Dribbling			Anxiety		
Fatigue			Cough			Pain on urination ( <i>dysuria</i> )			Depression		
Fever			Known exposure to TB			Blood in urine ( <i>hematuria</i> )			Insomnia/Sleep problems		
Malaise			Shortness of breath			Large amt of urine ( <i>polyuria</i> )					
Night sweats			Wheezing			Slow stream					
Weight gain			Cough productive			Urinary frequency					
Weight loss						Urinary incontinence					
Ear/Eye/Nose/Throat (HEENT)	NO	YES	Cardiovascular	NO	YES	Urinary retention			Metabolic/Endocrine	NO	YES
Ear drainage			Chest pain			*Urinary urgency			Cold intolerance		
Ear pain			Leg pain with exercise (claudication)						Heat intolerance		
Eye discharge			Edema (ankle swelling)			Skin/Hair/Nails (Integumentary)	NO	YES	Excessive thirst ( <i>polydipsia</i> )		
Eye pain			Palpitations			Breast discharge			Increased appetite (polyphagia)		
Hearing loss						Breast lump					
Nasal drainage			Gastrointestinal	NO	YES	Brittle Hair			Musculoskeletal	NO	YES
Sinus pressure			Abdominal pain			Brittle Nails			Back pain		
Sore throat			Blood in stools			Hair loss			Joint pain		
Visual changes			Change in stools			Excess hair growth ( <i>hirsutism</i> )			Joint swelling		
*Ear pressure (fullness in ear)			Constipation			Hives			Muscle weakness		
*Ear popping			Diarrhea			Itching (Pruritis)			Neck pain		
*Itchy eyes			Heartburn			Mole changes					
*Watery eyes (tearing)			Loss of appetite			Rash			Blood/Lymph	NO	YES
*Red eyes (redness)			Nausea			Skin Lesion			Easy bleeding		
*Nasal Congestion			Vomiting			*Eczema			Easy bruising		
*Nasal blockage (obstruction)									Swollen lymph nodes		
*Nose bleeds (epistaxis)						Neurological	NO	YES			
*Sneezing						Dizziness			Immunologic	NO	YES
*Pain with swallowing (dysphagia)						Extremity numbness			Contact Allergy		
*Post nasal/throat drainage						Extremity weakness			Environmental allergies		
						Walking/Gait disturbance			Food allergies		
						Headache			Seasonal allergies		
						Memory Loss					
						Seizures					
						Tremors					

Has your insurance changed?

Has your pharmacy changed since your last visit?