



Review of Systems Questionnaire

Name: _____ Date of Birth: _____

Check all that apply:

Head & Neck

- Eye disease
- Double vision
- Blurred vision
- Prior ear surgery
- Ear ache
- Hearing loss
- Dizziness
- Ringing in ears (tinnitus)
- Nasal obstruction
- Nosebleeds
- Nasal discharge
- Altered sense of smell
- Sinusitis
- Nasal polyps
- Snoring
- Excessive sleepiness
- Facial pain
- Pain with chewing
- Recent dental work
- Mouth sores
- Lumps in the neck
- Allergies

Respiratory System

- Hoarseness
- Chronic cough
- Throat clearing
- Heartburn
- Regurgitation
- Spitting up blood
- Shortness of breath
- Wheezing
- Asthma
- Chronic bronchitis
- Chest pain
- Emphysema
- Tuberculosis
- Lung cancer

General

- Night sweats
- Fevers
- Skin diseases
- Arthritis
- Bleeding disorder
- Easy bruisability
- HIV infection or AIDS
- Psychiatric diseases

Neurologic

- Headaches
- Head injury
- Numbness or tingling
- Transient black-outs
- Transient vision loss
- Seizures
- Strokes

Endocrine

- Diabetes
- Heat/cold intolerance
- Thyroid imbalance
- Menstrual disorders

Urologic

- Difficulty urinating
- Frequent urination
- Blood in the urine
- Prostate problems

Gastrointestinal

- Difficulty swallowing
- Pain on swallowing
- Diarrhea
- Constipation
- Jaundice
- Liver disease
- Hepatitis
- Kidney disease
- Bloody stools
- Diverticulosis
- Gall bladder disease
- Heartburn or ulcers

Cardiovascular

- Hypertension
- Heart disease
- Angina
- Swelling of the ankles
- Heart surgery
- Angioplasty
- Pacemaker
- Anemia

Other
