

Review of Systems

Do you now or have you had any problems related to the following statements? Circle Yes or No.

CONSTITUTIONAL SYMPTOMS

Fever	Y	N
Chills	Y	N
Sweats	Y	N
Fatigue / General Weakness	Y	N
Weight Loss / Gain	Y	N
Other: _____		

EYES

Blurred Vision / Double Vision	Y	N
Glaucoma	Y	N
Glasses / Contacts	Y	N
Disease / Injury	Y	N
Other: _____		

ALLERGIC / IMMUNOLOGIC

Hay Fever	Y	N
Food Allergies	Y	N
Hepatitis	Y	N
AIDS / HIV / Hepatitis	Y	N
Other: _____		

NEUROLOGICAL

Tremors	Y	N
Paralysis	Y	N
Numbness / Tingling	Y	N
Seizures	Y	N
Stroke	Y	N
Headaches	Y	N
Other: _____		

ENDOCRINE

Excessive Thirst	Y	N
Too Hot / Cold	Y	N
Diabetes	Y	N
Tired / Sluggish	Y	N
Other: _____		

GASTROINTESTINAL

Abdominal Pain	Y	N
Nausea / Vomiting	Y	N
Indigestion / Heartburn	Y	N
Change stool size / shape / color	Y	N
Other: _____		

CARDIOVASCULAR

Chest Pain / Tightness	Y	N
Heart Trouble	Y	N
Rapid Heart Rate	Y	N
Shortness of Breath	Y	N
High Blood Pressure	Y	N
Swelling (leg)	Y	N
Other: _____		

INTEGUMENTARY

Skin Rash / Itching	Y	N
Color Changes / Bruises	Y	N
Cellulitis	Y	N
Other: _____		

MUSCULOSKELETAL

Neck Pain / Back Pain	Y	N
Joint Swelling / Pain / Stiffness	Y	N
Muscle Pain / Weakness	Y	N
Other: _____		

EAR / NOSE / THROAT / MOUTH

Hearing Loss	Y	N
Sinus Problem	Y	N
Bleeding from ears, nose, gums	Y	N
Difficulty Swallowing	Y	N
Other: _____		

GENITOURINARY

Urine Retention	Y	N
Painful Urination	Y	N
Incontinence	Y	N
Change in urine stream / frequency	Y	N
Other: _____		

RESPIRATORY

Wheezing / Asthma	Y	N
Frequent Cough / Chronic	Y	N
Shortness of Breath	Y	N
Other: _____		

HEMATOLOGIC / LYMPHATIC

Swollen Glands	Y	N
Blood Clotting Problem	Y	N
Prior Blood Transfusions	Y	N
Slow to heal after cuts	Y	N
Anemia	Y	N
Other: _____		

PSYCHOLOGIC

Are you generally satisfied with your life?	Y	N
Depression	Y	N
Nervousness / Anxiety	Y	N
Insomnia	Y	N
Have you considered suicide?	Y	N
Other: _____		

**IF YOU ARE PREGNANT OR HAVE REASON TO BELIEVE
YOU MAY BE PREGNANT, PLEASE NOTIFY THE
MEDICAL ASSISTANT AND THE X-RAY
TECHNOLOGIST.**