Review of Systems

Select **POSITIVE** if you are experiencing any of these symptoms. Select **NEGATIVE** if you are not experiencing any of these symptoms.

Description	Positive (Yes)	Negative (No)	Office Use Only
Fever	☐	☐	Constitutional
Chills	☐	☐	Constitutional
Blurred Vision	☐	☐	Eyes
Double Vision	☐	☐	Eyes
Difficulty Swallowing (Dysphagia)	☐	☐	ENT
Chest Pain	☐	☐	Cardiovascular
Shortness of breath (Dyspnea)	☐	☐	Respiratory
Heartburn	☐	☐	Gastrointestinal
Nausea	☐	☐	Gastrointestinal
Vomiting	☐	☐	Gastrointestinal
Urinary Incontinence (Leaky Urine)	☐	☐	Genitourinary
Joint Pain	☐	☐	Musculoskeletal
Muscle Spasm	☐	☐	Musculoskeletal
Rashes	☐	☐	Integumentary (Skin)
Numbness	☐	☐	Neurologic
Tingling	☐	☐	Neurologic
Bruising	☐	☐	Hematologic
Hair Loss	☐	☐	Endocrine
Seasonal Allergy	☐	☐	Allergic
Depression	☐	☐	Psychiatric