



REVIEW OF SYMPTOMS

Patient/Client Name: _____ Date: _____

Mark symptoms that you have experienced in the last six months or that have recurred throughout your life.

General

- Weight change
- Fever/chills
- Weakness
- Fatigue
- Sweating/night sweats
- Fainting
- Dizziness
- Forgetfulness
- Hair/nail changes

Skin

- Itching
- Rashes
- Bruise easily
- Hives
- Athlete's foot
- Eczema/psoriasis
- Change in moles
- Sores that won't heal

Muscle/Joint/Bone

- Pain
- Numbness
- Swelling
- Bursitis/tendonitis
- Broken bones
- Sprains/strains
- Spasms/cramps
- Headaches/head injuries
- Low back, hip, leg pain
- Neck, shoulder, arm pain
- Jaw pain/TMJ
- Arthritis

Eyes

- Glasses/contacts
- Blurring
- Pain
- Double vision
- Discharge
- Floaters
- Glaucoma
- Cataracts
- Macular Degeneration

Ears

- Ringing
- Earache/discharge
- Loss of hearing

Nose

- Sinusitis
- Bleeding
- Discharge
- Obstruction
- Postnasal drip
- Nasal polyps

Mouth/Throat

- Sores
- Bleeding gums
- Teeth
- Hoarseness
- Difficulty swallowing
- Taste

Pulmonary

- Shortness of breath
- Wheezing
- Chronic cough
- Coughing blood
- Sputum

Cardiovascular

- High blood pressure
- Low blood pressure
- Irregular heartbeat
- Murmurs
- Calf pain with walking
- Edema
- Palpitations
- Chest pain
- Varicose veins

Gastrointestinal

- Poor appetite
- Constipation/diarrhea
- Indigestion/heartburn
- Gas/bloating
- Bowel changes
- Nausea/vomiting
- Hemorrhoids
- Hernia
- Blood in stool
- Anal discomfort
- Excessive hunger
- Excessive thirst

Genitourinary

- Low back pain
- Painful urination
- Blood in urine
- Frequent/urgent urination
- Loss of bladder control
- Nighttime urination
- Recurrent infections

Sexual History

- Syphilis
- Gonorrhea
- Chlamydia
- Sores/discharge
- Herpes
- Sexual/physical abuse

Female Only

- Breast lumps
- Nipple discharge
- Bleeding after menopause
- Hot flashes
- Painful intercourse
- Hysterectomy Total
- Hysterectomy Partial (Uterus Only)
- Infertility
- Fibroids
- Vaginal infections
- Abnormal PAP smears
- Last Menstrual Period: _____
Date: _____

Male Only

- Breast lumps
- Erection difficulties
- Lump/pain in testicles
- Penis discharge
- Sores on penis
- Infertility

Endocrine

- Diabetes
- Hypoglycemia
- Goiter
- Heat/cold intolerance
- Excessive thirst/hunger
- Hormone therapy

Allergic

- Drug/Vaccination allergy
- Asthma
- Eczema
- Rhinitis
- Hay fever
- Hives
- Post-nasal drip
- Itchy/watery nose/eyes

Blood/Lymph

- Anemia
- Transfusions
- Bleeding tendency
- Lymph node enlargement
- Lymph node pain

Neurological

- Fainting
- Convulsions
- Sensations
- Gait/coordination
- Speech
- Numbness/tingling
- Paralysis/weakness

Psychological

- Memory loss
- Mood
- Sleep pattern
- Anxiety/depression
- Phobias
- Drug/alcohol abuse
- Eating Disorder

Other

- _____
- _____
- _____
- _____
- _____