Patient Name: _____ DOB: _____

Review of Systems (Female):

Constitutional:

Yes No

- ☐ ☐ Change in activity
- ☐ ☐ Change in appetite
- ☐ ☐ Chills
- ☐ ☐ Excessive sweating
- ☐ ☐ Fatigue
- ☐ ☐ Fever
- ☐ ☐ Unexpected weight Change

Head/Ears/Nose/Throat:

- ☐ ☐ Congestion
- ☐ ☐ Dental problem
- ☐ ☐ Drooling
- ☐ ☐ Ear discharge
- ☐ ☐ Ear pain
- ☐ ☐ Facial swelling
- ☐ ☐ Hearing loss
- ☐ ☐ Mouth sores
- ☐ ☐ Nosebleeds
- ☐ ☐ Postnasal drip
- ☐ ☐ Rhinorrhea
- ☐ ☐ Sinus pain
- ☐ ☐ Sinus pressure
- ☐ ☐ Sneezing
- ☐ ☐ Sore throat
- ☐ ☐ Ringing in ears
- ☐ ☐ Trouble swallowing
- ☐ ☐ Voice change

Eyes:

- ☐ ☐ Eye Discharge
- ☐ ☐ Eye Itching
- ☐ ☐ Eye pain
- ☐ ☐ Eye redness
- ☐ ☐ Photophobia
- ☐ ☐ Visual disturbance

Respiratory:

- ☐ ☐ Apnea
- ☐ ☐ Chest tightness
- ☐ ☐ Choking
- ☐ ☐ Cough
- ☐ ☐ Shortness of breath
- ☐ ☐ Wheezing

Cardiovascular:

- ☐ ☐ Chest pain
- ☐ ☐ Leg swelling
- ☐ ☐ Palpitations

Gastrointestinal:

- ☐ ☐ Abdominal distention
- ☐ ☐ Abdominal pain
- ☐ ☐ Bright red blood in stools
- ☐ ☐ Black stools
- ☐ ☐ Constipation
- ☐ ☐ Diarrhea
- ☐ ☐ Nausea
- ☐ ☐ Rectal pain
- ☐ ☐ Vomiting
- ☐ ☐ Colon polyps
- ☐ ☐ Heartburn
- ☐ ☐ Hemorrhoids

Endocrine:

- ☐ ☐ Cold intolerance
- ☐ ☐ Heat intolerance
- ☐ ☐ Excessive/abnormal thirst
- ☐ ☐ Hunger not satisfied by eating
- ☐ ☐ Excessive urination

Genitourinary:

- ☐ ☐ Difficulty urinating
- ☐ ☐ Painful intercourse
- ☐ ☐ Painful urination
- ☐ ☐ Involuntary urination
- ☐ ☐ Flank pain
- ☐ ☐ Urinary frequency
- ☐ ☐ Genital sore
- ☐ ☐ Blood in urine
- ☐ ☐ Menstrual problem
- ☐ ☐ Pelvic pain
- ☐ ☐ Urinary urgency
- ☐ ☐ Decreased urine
- ☐ ☐ Vaginal bleeding
- ☐ ☐ Vaginal discharge
- ☐ ☐ Vaginal pain

Musculoskeletal:

- ☐ ☐ Arthralgia
- ☐ ☐ Back pain
- ☐ ☐ Gait problem
- ☐ ☐ Joint swelling
- ☐ ☐ Myalgia
- ☐ ☐ Neck pain
- ☐ ☐ Neck stiffness

Skin:

- ☐ ☐ Color change
- ☐ ☐ Pallor (Pale)
- ☐ ☐ Rash
- ☐ ☐ Wound

Allergy/Immunology:

- ☐ ☐ Environmental allergies
- ☐ ☐ Food allergies
- ☐ ☐ Immunocompromised

Neurological:

- ☐ ☐ Dizziness
- ☐ ☐ Facial asymmetry
- ☐ ☐ Headaches
- ☐ ☐ Light-headedness
- ☐ ☐ Numbness
- ☐ ☐ Seizures
- ☐ ☐ Speech difficulty
- ☐ ☐ Syncope
- ☐ ☐ Tremors
- ☐ ☐ Weakness

Hematologic:

- ☐ ☐ Adenopathy
- ☐ ☐ Bruises/bleeds easily

Psychiatric:

- ☐ ☐ Agitation
- ☐ ☐ Behavior problem
- ☐ ☐ Confusion
- ☐ ☐ Decreased concentration
- ☐ ☐ Depression
- ☐ ☐ Hallucinations
- ☐ ☐ Hyperactive
- ☐ ☐ Nervous/anxious
- ☐ ☐ Self-injury
- ☐ ☐ Sleep disturbance
- ☐ ☐ Suicidal ideas