

Routine Health Maintenance Flow Sheet - Review of Systems

(To be completed by Patient)

Name: _____ DOB: _____ MR#: _____

Dear Patient: If you had **recently** or **now** have any of the following symptoms or problems, mark an X in the first box; if not, leave it blank. **Use only the boxes in the first column** unless the first column has already been used

Date	Month/Day/Year								
Head & Neck:	Headaches				Muscles/Bones:	Back pain			
	Lumps or Swelling					Joint swelling			
Eyes:	Double vision					Muscle aches			
	Decline in vision				Neuro:	Numbness			
	Eyes water or itch					Frequent dizziness			
Ears:	Ear ache					Fainting			
	Noise in ears					Convulsions			
	Trouble hearing				Urinary:	Pain with urine			
Mouth:	Taste changes					Frequent urination when awake			
	Sore tongue					Frequent urination when asleep			
	Sore or swollen glands				Hard to stop urine				
Nose/Throat:	Sneezing					Lose control			
	Frequent colds					Brown or bloody urine			
	Nose bleeds					Problem with sex			
	Frequent sore throats					Unusual discharge			
Lungs:	Wheezing				Males Only:	Weak flow			
	Coughing					Prostrate trouble			
	Cough up mucous					Lumps in testicles			
	Cough up blood				Females Only:	Breast lump			
	Short of breath					Irregular periods			
Circulation:	Chest pains					Heavy periods			
	Chest tightness				General:	Depressed often			
Racing heart				Can't relax					
Leg cramps				Cry a lot					
Ankles or feet swell				Difficult to concentrate					
High blood pressure				Things look hopeless					
Hot flashes				Easily irritated					
Digestive:	Nausea					Serious family problems			
	Stomach pains					Serious work problems			
	Heart burn				Considered suicide				
	Hard to swallow				Unusual tiredness				
	Vomited blood				Trouble sleeping				
	Diarrhea				Recent weight loss				
	Constipation				Loss of appetite				
	Pain with stools				Smoke tobacco				
	Grey or black stools				2 or more alcoholic drinks a day				
	Blood in stools				Illicit drugs				
	Change in bowel habits				Over 5 cups of coffee a day				
Skin:	Dry, Itchy				Herbal Supplements				
	Rashes								
	Bruise Easily				Patient to initial column that matches date of				