beacon
internal medicine

Patient Name: _____

Date: _____ **DOB:** _____ **Gender: M / F**

Review of Systems for Physical Exam

Please check conditions you have experienced recently: (within the past one year)

General
- ○ Good general health
- ○ Always tired
- ○ Always feel ill
- ○ Chronic fatigue
- ○ Loss of appetite
- ○ Wt loss > 10lbs
- ○ Wt gain > 10lbs
- ○ Unexp fever > 100°
- ○ Night sweats
- ○ Chills

HEENT
- ○ Eye pain
- ○ Eye drainage
- ○ Watery eyes
- ○ Itchy eyes
- ○ Spots in vision
- ○ Blurry vision
- ○ Double vision
- ○ Light flashes
- ○ Loss of vision
- ○ Ear pain
- ○ Ear drainage
- ○ Ear ringing
- ○ Hearing loss
- ○ Runny nose
- ○ Nasal congestion
- ○ Nose bleeds
- ○ Hayfever
- ○ Sinus pain
- ○ Freq sinus infections
- ○ Frequent colds
- ○ Recent voice change
- ○ Freq sore throat
- ○ Hoarsness
- ○ Laryngitis
- ○ Swallowing pain

Heart / Circulation
- ○ Chest pain
- ○ Palpitations
- ○ Skipped heart beats
- ○ Extra heart beats
- ○ Fast heart beats
- ○ High blood pressure
- ○ Calf pain/calf cramps
- ○ Ankle swelling
- ○ Blood clot in veins
- ○ Cold, purple feet

Respiratory
- ○ Shortness of breath
- ○ Wheezing
- ○ Cough
- ○ Coughing up blood
- ○ Snoring
- ○ Sleep apnea
- ○ Fluid in lungs

Gastrointestinal
- ○ Persistent nausea
- ○ Unexplained vomiting
- ○ Frequent heartburn
- ○ Abdominal bloating
- ○ Swallowing difficulties
- ○ Abdominal cramps
- ○ Black stool
- ○ Bloody stool
- ○ Constant diarrhea
- ○ Constant constipation
- ○ Change in bowel habits
- ○ Bleeding from bowels
- ○ Anal / rectal pain
- ○ Hemorrhoids
- ○ Loss of bowel control
- ○ Require laxatives

Genitourinary
- ○ Painful urination
- ○ Urine control trouble
- ○ Urinate >2 times/night
- ○ Blood in urine
- ○ Testicle lump/swelling
- ○ Penile discharge/sores
- ○ Irregular periods
- ○ Heavy periods
- ○ No periods
- ○ Vaginal discharge/itch
- ○ Possibly pregnant
- ○ Pain with sex
- ○ Lack of sex drive
- ○ No erection/orgasm

Muskuloskeletal / Extremeties
- ○ Joint pain/stiffness
- ○ General muscle aches
- ○ Pain neck/back
- ○ Pain hip/knee/foot
- ○ Pain shoulder/elbow
- ○ Pain wrist/hand

Skin / Breast
- ○ Unexplained rash
- ○ Change in skin color
- ○ Dry skin
- ○ Itching
- ○ Unusual/changed mole
- ○ Boils
- ○ Skin growths
- ○ Breast pain/lump
- ○ Nipple discharge

Neurologic
- ○ Frequent headaches
- ○ Blackouts/fainting
- ○ Dizzy/light headed
- ○ Poor balance
- ○ Difficulty walking
- ○ Tremors
- ○ Memory loss
- ○ Speech problems
- ○ Loss of strength
- ○ Seizures
- ○ Numbness

Psychiatric
- ○ Anxious
- ○ Depressed
- ○ Hyperactive
- ○ Attention deficit
- ○ Excess fear/worry
- ○ Loss of interest in life
- ○ Suicidal thoughts
- ○ Unusual visions
- ○ Difficulty concentrating
- ○ Difficulty getting to sleep
- ○ Difficulty staying asleep
- ○ Impulsive

Endocrine
- ○ Most always cold
- ○ Most always hot
- ○ Overweight
- ○ Abnormal hair growth
- ○ Hair loss
- ○ Change in skin color
- ○ Excess thirst
- ○ Excess urination
- ○ Irregular menstrual cycles
- ○ Excessive sweating
- ○ Hot flashes

Lymphatic / Hematologic
- ○ Blood transfusion
- ○ Easily bruised
- ○ Lymph node swelling
- ○ Swollen extremities

Allergic / Immunologic
- ○ Allergies to medicines
- ○ Allergies to cosmetics
- ○ Allergies to food
- ○ Hives
- ○ Hayfever

Infectious Disease
- ○ Contact with blood
- ○ Contact with body fluids
- ○ Recurrent skin infections
- ○ Frequent foreign travel

Miscellaneous
- ○ Chemical exposures
- ○ Toxic exposures
- ○ Radiation exposures
- ○ Occupational exposures
- ○ Sick pets
- ○ Drink well water
- ○ Drink unpasteurized milk
- ○ Process own meats

Other
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