



MOUNTAIN VALLEYS HEALTH CENTERS REVIEW OF SYSTEMS

Name: _____ Date of Birth: _____ Today's Date: _____

1. Constitutional

- weight gain
- weight loss
- inadequate sleep
- unusual fever
- fatigue

2. Ophthalmologic

- eye pain
- redness
- dryness
- drainage

3. Ear/Nose/Throat

- ear pain (otalgia)
- ringing ears (tinnitus)
- decreased hearing
- nasal discharge
- hoarseness
- trouble swallowing (dysphagia)
- dizziness (vertigo)

4. Cardiovascular

- chest pain
- ankle swelling (edema)
- irregular heart beat (palpitations)
- calf pain while walking (claudication)
- inability to lie flat in bed at night (orthopnea)
- waking suddenly at night to catch your breath (paroxysmal nocturnal dyspnea-PND)

5. Respiratory

- chronic cough
- coughing up blood (hemoptysis)
- shortness of breath
- wheezing

6. Gastrointestinal

- nausea
- vomiting
- diarrhea
- constipation
- abdominal bloating
- heartburn
- blood in stools (hematochezia)

7. Skin

- rash
- unusual "moles"

8. Women Genitourinary/ Breast

- painful or frequent urination
- blood in urine (hematuria)
- inability to control urination (incontinence)
- pelvic pain, pain with intercourse (dyspareunia)
- unusual vaginal bleeding or discharge
- breast lumps
- unusual nipple discharge

9. Men Genitourinary

- bulge in groin
- decreased urine stream
- dribbling, or getting up to urinate at night (nocturia)
- impaired erections
- blood in urine (hematuria)

10. Neurologic

- headache
- weakness on one side
- numbness involving face/arms/legs
- slurred speech
- blackout spells (syncope)
- sensation of a curtain being pulled over one eye (amaurosis fugax)
- double vision (diplopia)
- difficulty with balance (ataxia)
- memory loss or lapse

11. Hematologic/ Lymphatic

- lumps in neck/armpits/groin
- unusual bleeding or bruising

12. Psychiatric

- hearing voices
- seeing things that are really not there
- feeling nervous or "jittery" (anxious)
- feeling sad or worthless (depressed)

13. Musculoskeletal

- back pain
- neck pain
- joint pain
- joint swelling
- muscle weakness
- pain

Tuberculosis (TB) Risk Assessment Questionnaire

Have you experienced any of the following symptoms:	Yes	No
1. A productive, prolonged cough		
2. Coughing up blood		
3. An unexplained, persistent fever		
4. Unexplained, excessive fatigue		
5. Unexplained weight loss		
6. Have you had a tuberculin skin test within the last 6 to 12 months		
- If your test was positive, were you treated		
7. Have you ever traveled outside the United States? If so, where? _____		