

Baylor Scott White Internal Medicine Las Colinas

Pt Name _____ DOB _____ Date: _____

REVIEW OF SYSTEMS QUESTIONNAIRE

In order to accurately assess your concerns, please **CIRCLE** any of the symptoms below that you have experienced in the past 2 weeks.

CONSTITUTIONAL	Activity Change	Appetite Change	Chills	Chronic Pain	Daytime Sleepiness
	Excessive Sweating	Fatigue	Fever	General weakness	
	Hot flashes	Night sweats	Weight change unexpected		
ENDOCRINE	Cold Intolerance	Heat Intolerance	Excessive Thirst	Excessive Appetite	Urinary Frequency
ALLERGY	Environmental Allergies		Food Allergies	Compromised Immune System	
	Recurrent infections		Urticaria (Hives)		
HEMATOLOGIC	Lymph Node Swelling	Bleeding too easily	Bruising too easily		
PSYCHIATRIC	Anxious/nervous	Behavior Problem	Confusion	Depressed mood	
	Hallucinations	High stress level	Hyperactive	Injury to self	Memory loss
	Sleep problems	Suicidal thoughts	Trouble concentrating	Violent thoughts	
HEAD and NECK	Ear discharge	Ear pain	Facial swelling	Hearing loss	ringing in ears
	Vertigo	Congestion	Nose Bleeds	Postnasal drip	Nasal drip/drainage
	Sinus pain	Sneezing	Snoring	Dental problem	Mouth sores
	Sore throat	Choking	Hoarse voice	Neck stiffness	
EYES	Discharge	Itching	Pain	Redness	Blurriness
	Double Vision	Halos	Light sensitivity	Loss of vision	Other vision disturbance
NEUROLOGICAL	Balance issues	Coordination issues	Dizziness	Trouble Swallowing	Facial asymmetry
	Focal weakness	Headaches	Light-headedness	Numbness	Paralysis
	Numbness	Seizures	Syncope	Tremors	
RESPIRATORY	Cough	Dyspnea	Hemoptysis (coughing up blood)		Sleep apnea
	Sputum	Tightness across chest		Wheezing	
CARDIOVASCULAR	Chest pain	Shortness of breath with exertion			Near-syncope
	Short of breath when lying flat		Palpitations	Parox, nocturnal dyspnea	
	Pain/cramps in legs with walking		Blue/Purple skin	Lower extremity swelling	
SKIN	Abnormal color change		Dryness	Red Skin	Hair change
	Itching	Nail changes	Rash	Skin lesion	
	Skin or soft tissue nodules		Wound healing issues		
MUSCULOSKELETAL	Joint Pain	Back Pain	Trouble Walking	Joint Swelling	Muscle cramps
	Neck pain	Stiff joints			
BREAST	Breast lump or mass		Breast discharge	Skin change	
GI	Acid reflux	Swallowing problem	Abdominal pain	Anorexia	Bloating
	Vomiting Blood		Vomiting that looks like coffee-grounds		Feeling full early
	Heartburn	Nausea	Vomiting	Bowel habit change	Constipation
	Diarrhea	Incont of stool	Flatulence	Bloody BMs	Black BMs
	Rectal bleeding	Rectal pain			
GENITAL/URINARY	Pain with urination			Bedwetting	Pain in back/flanks
	Frequency	Blood in urine	Trouble w/ urinary stream		Incontinence
	Urinating at night > once		Reduced urine output	Retention	Urgency
	Decreased interest in sex		Pain with sex	Genital lesion	Pelvic pain
	Bleeding after sex	Sexual difficulties	Vaginal discharge	Vaginal dryness	Absence of menstruation
	Menstrual cramps	Heavy periods	Bleeding between periods		
	Non-menstrual bleeding		Other menstrual changes		