Dr Wendy Davis ND

# Review of Systems

Respond to each item using the following legend:
**C**= Currently **F**= Frequently **O**= Occasionally **S**= Seldom **P**= Past **N**= Never

**Skin**
___ Rashes
___ Eczema
___ Psoriasis
___ Hives
___ Acne
___ Itching
___ Night sweats
___ Dryness
___ Change in moles
___ Change in colour/texture
___ Loss in hair
___ Skin Cancer
___ Warts

**Eyes**
___ Near-sighted
___ Far-sighted
___ Night/colour blindness
___ Eye pain
___ Glasses/Contacts
___ Double Vision
___ Blind Spot
___ Cataracts
___ Glaucoma
___ Blurry Vision
___ Dry eyes
___ Itchy eyes
___ Tearing
___ Red eyes
___ Discharge

**Mouth/Throat**
___ Frequent sore throat
___ Sore tongue/mouth
___ Gum problems
___ Grinding of teeth
___ Hoarseness
___ Dental fillings #___
___ Loss of taste
___ Trouble swallowing
___ Cold sores

**Head**
___ Headaches
___ Migraines
___ Dizziness
___ Trauma to head
___ Excessive hair loss
___ Dandruff

**Ears**
___ Ringing
___ Impaired hearing
___ Earache/infections
___ Dizziness
___ Discharge
___ Wax build up
___ Itchy
___ Tubes

**Upper Respiratory**
___ Frequent colds
___ Wheezing
___ Tonsillitis
___ Swollen neck glands
___ Sinus problems/infections
___ Nasal discharge
___ Post nasal drip
___ Seasonal allergies
___ Nose bleeds
___ Coughing
___ Sputum
___ Hoarseness
___ Wheezing
___ Asthma
___ Spitting up blood
___ Shortness of breath
___ " while lying down
___ Pain on breathing
___ Difficulty breathing
___ Bronchitis
___ Pneumonia
___ Tuberculosis
___ Chest x-rays

**Gastrointestinal**
___ Indigestion
___ Decrease in appetite
___ Increase in appetite
___ Increase in thirst
___ Food Allergies
___ Heart Burn
___ Nausea
___ Vomiting
___ Excessive belching
___ Excessive passing gas
___ Bloating
___ Jaundice (yellow skin)
___ Liver Disease
___ Gall Bladder disease/stones
___ Hernia
___ Ulcer
___ Irritable bowel syndrome
___ Crohn's disease
___ Colitis
___ Loose stools
___ Hard stools
___ Mucous in stool
___ Blood in stool
___ Black tarry stool
___ Yellow/pale stool
___ Greenish stool
___ Rectal bleeding
___ Hemorrhoids
___ Rectal fissures
___ Diverticulitis
___ Abdominal pain

**Blood/Lymph**
___ Anemia (low iron in blood)
___ Easy bruising
___ Easy bleeding
___ Past transfusions
___ Lymph node swelling
___ Blood disease
___ Blood Type: _____

**Cardiovascular**

___ Rapid heart beat
___ Heart Disease
___ Angina
___ High blood pressure
___ High cholesterol
___ Heart murmurs
___ Rheumatic fever
___ Chest pains
___ Palpitation/fluttering
___ Swelling in ankles
___ Abnormal heart tests

**Peripheral Vascular**

___ Extremity swelling
___ Varicose veins
___ Extremity numbness
___ Deep leg pain
___ Extremity coldness
___ Extremity ulcers

**Neurological**

___ Fainting
___ Seizures/convulsions
___ Tingling/numbness
___ Involuntary movement
___ Loss of balance
___ Speech problems
___ Loss of memory
___ Paralysis

**Endocrine/Hormonal**

___ Thyroid problems
___ Heat/cold intolerance
___ Excess sweating
___ Hypoglycemia
___ Chronic fatigue
___ Hormone therapy
___ Diabetes
___ Seasonal depression
___ Shift Work

**Breasts**

___ Lumps
___ Pain or tenderness
___ Nipple discharge
___ Breast implants
___ Regular self exam

**Musculoskeletal**

___ Joint pain
___ Joint stiffness
___ Joint swelling
___ Osteoarthritis
___ Rheumatoid arthritis
___ Muscle cramps/spasms
___ Backache
___ Neck pain/stiffness
___ Flat feet/pain
___ Weakness
___ Sprain joints easily
___ Broken bones

**Emotional**

___ Angry
___ Anxiety
___ Argumentative
___ Bad temper
___ Depression
___ Fear
___ Grief
___ Insomnia
___ Irritable
___ Low patience
___ Low self image
___ Mood swings
___ Nervousness/breakdowns
___ Panic attacks
___ Pessimism
___ Phobias
___ Suicidal tendency
___ Worrier

**Urinary**

___ Frequent infections
___ pain on urination
___ Burning on urination
___ Increased frequency
___ Urination at night # ____
___ Increase urgency
___ Incontinence/dribbling
___ Hesitancy
___ Strong urine odour
___ Cloudy urine
___ Blood in urine
___ Bed wetting
___ Kidney stones

**Males**

___ Prostate problems
___ Prostate surgery
___ Hernia
___ Testicular masses
___ Testicular pain
___ Discharge or sores
___ Venereal disease
___ Genital Warts
___ Sexually active
___ Impotence
___ Premature ejaculation
___ Other sexual difficulties:
_____

**Women**

___ Hysterectomy
___ Birth control pills
___ Irregular cycles
___ Bleeding between periods
___ Painful menses/cramps
___ Excessive flow
___ Clots with flow
___ Fibroids
___ Ovarian cysts
___ Cervical dysphasia
___ Cervical/uterine cancer
___ Vaginal discharge
___ Vaginal itching
___ Vaginal dryness
___ Hot flashes
___ Night sweats
___ Difficultly conceiving
___ Miscarriage(s) _____
___ Abortion(s) _____
___ Birth(s) _____
___ Regular PAP smears
___ Pain on intercourse
___ Venereal disease
___ Genital warts
___ Sexually active
___ Sexual difficulties:
_____

**Other**

___ _____
___ _____
___ _____

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