

Review of Systems							
Constitutional	Fever	Yes	No	Musculoskeletal	History of Falls	Yes	No
	Chills	Yes	No		Arm or leg	Yes	No
	Weight loss	Yes	No		Back pain	Yes	No
	Other				Other		
Eyes	Vision impairment	Yes	No	Dermatologic	Rashes	Yes	No
	Cataract	Yes	No		Bruises	Yes	No
	Eye pain	Yes	No		Skin lesions	Yes	No
	Other				Itching	Yes	No
					Other		
Ear / Nose / Throat	Sore throat	Yes	No	Neurological	Headache	Yes	No
	Ear pain	Yes	No		Dizziness	Yes	No
	Nose bleeds	Yes	No		Seizures	Yes	No
	Other				Other		
Cardiovascular	Chest pain	Yes	No	Psychiatric	Depression	Yes	No
	Palpitations	Yes	No		Anxiety	Yes	No
	Swelling	Yes	No		Insomnia	Yes	No
	Other				Other		
Respiratory	Shortness of breath	Yes	No	Endocrine	Heat intolerance	Yes	No
	Cough	Yes	No		Cold intolerance	Yes	No
	Sputum with blood	Yes	No		Hair loss	Yes	No
	Other				Other		
Gastrointestinal	Abdominal pain	Yes	No	Hematology / Oncology	Bleeding gums	Yes	No
	Heart burn	Yes	No		Bleeding	Yes	No
	Nausea	Yes	No		Easy Bruising	Yes	No
	Diarrhea/Constipat	Yes	No		Other		
	Vomiting	Yes	No				
	Other						
Urologic	Urinary urgency	Yes	No	Allergy / Immunology	Seasonal Allergies	Yes	No
	Urinary Frequency	Yes	No		Drug reactions	Yes	No
	Urinary Burning	Yes	No		Allergen reactions	Yes	No
	Other				Other		