

Name: _____

Today's Date: _____

Lakeshore Endocrinology

REVIEW OF SYSTEMS

In each area, if you are not having any difficulties, please check "No Problems." If you are experiencing any of the symptoms listed, PLEASE CIRCLE THE ONES THAT APPLY, or explain any that may not be listed.

General Health

- No Problems
- Lack of energy
- Unexplained weight loss
- Unexplained weight gain
- Loss of appetite
- Fever
- Night sweats
- Other: _____

Ear, Nose, Mouth, & Throat

- No Problems
- Difficulty with hearing
- Sinus problems
- Runny nose
- Post-nasal drip
- Ringing in ears
- Mouth sores
- Loose teeth
- Ear pain
- Sore throat
- Facial pain or numbness
- Other: _____

Cardiovascular

- No Problems
- Irregular heartbeat
- Racing heart
- Chest pains
- Swelling of feet or legs
- Pain in legs with walking
- Other: _____

Respiratory

- No Problems
- Shortness of breath
- Prolonged cough
- Wheezing
- Sputum production
- Coughing up blood
- Other: _____

Gastrointestinal

- No Problems
- Heartburn
- Constipation
- Diarrhea
- Abdominal pain
- Difficulty swallowing
- Nausea
- Vomiting
- Other: _____

Genitourinary

- No Problems
- Painful Urination
- Frequent urination
- Urgency
- Erectile Dysfunction
- Other: _____

Musculoskeletal

- No Problems
- Joint pain
- Aching muscles
- Swelling in joints
- Joint deformities
- Back pain
- Other: _____

Skin

- No Problems
- Persistent rash
- Itching
- Hair loss
- Hair increase
- Other: _____

Neurologic

- No Problems
- Frequent headaches
- Blurry vision
- Dizziness
- Tremor
- Weakness
- Problems with walking or balance
- Change in sensation
- Loss of consciousness
- Other: _____

Endocrine

- No Problems
- Increased thirst
- Increased hunger
- Intolerance to heat or cold
- Changes in sex drive
- Menstrual irregularities
- Other: _____

Psychiatric

- No Problems
- Insomnia
- Irritability
- Depression
- Anxiety
- Mood swings
- Other: _____

Hematologic

- No Problems
- Unexplained swollen areas
- Easy bleeding
- Easy bruising
- Anemia
- Other: _____