

## Review of Symptoms

Do you or have you had any of the following?  
(please circle all that apply and/or write-in brief description)

**Constitutional**

fevers weight-loss headache weakness unusual pain

***Other:***

**Eyes**

change in vision double vision loss of vision use glasses/contacts

***Other:***

**Ears/Nose/Mouth/Throat**

bleeding masses pain changes/loss of hearing

***Other:***

**Cardiovascular**

chest pain chest pressure palpitations rapid/irregular heartbeat

***Other:***

**Respiratory**

shortness of breath difficulty breathing with exercise unusual/persistent cough

***Other:***

**Gastrointestinal**

nausea vomiting diarrhea abdominal pains or changes in bowel habits

***Other:***

**Genitourinary**

weak urinary stream incontinence pain with urination bloody urine

***Other:***

**Musculoskeletal**

unusual joint pain immobility or loss of function

***Other:***

**Integumentary**

rash easy bruising masses skin lesions

***Other:***

**Neurological**

dizziness localized weakness paresthesia loss of sensation/function or balance

***Other:***

**Psychiatric**

feelings of anxiety depression mood swings

***Other:***

**Endocrine**

unusual weight loss/gain frequent urination hair loss/gain

***Other:***

**Hematologic/Lymphatic**

unusual bleeding easy bruisability skin lumps

***Other:***