

**ADULT REVIEW OF SYSTEMS**

USF Med Peds Clinic

Circle all that apply to you today

Date

Fever or Chills .....  
Weight Change .....  
Fatigue .....

Change in vision .....  
Eye Pain .....  
Eye Itching .....  
Eye Discharge .....

Sinus drainage .....  
Hearing loss .....  
Ear/Jaw Pain .....  
Ringing in ears .....  
Sore throat .....  
Nasal congestion .....  
Nose Bleeds .....  
Mouth Sores .....  
Hoarseness .....

Previous heart attack .....  
Chest pain .....  
High blood pressure .....  
Palpitations .....  
Heart murmur .....  
Irregular heart beat .....  
Leg swelling .....  
Fainting .....

Short of Breath .....  
Asthma/Wheezing .....  
Cough .....  
Spitting up Blood .....  
Snoring .....

Abdominal Pain .....  
Nausea .....  
Vomiting .....  
Constipation .....  
Diarrhea .....  
Blood in the stool .....  
Heartburn .....  
Difficulty Swallowing .....  
Black stools .....

Painful urination .....  
Urinating too often .....  
Getting up at night to urinate.....  
Blood in urine .....  
Leaking urine .....  
Past urine infections .....  
Difficulty urinating .....

Joint pain or stiffness .....  
Muscle pain .....  
Previous bone or joint injury.....  
Previous orthopedic surgery.....  
Swelling in arm or leg .....  
Muscle spasms or cramps .....

Rash .....  
Skin ulcers .....  
Itching skin .....  
Dry Skin .....  
Breast pain or lump .....

Headaches .....  
Previous Stroke or TIA .....  
Dizziness .....  
Previous seizure .....  
Weakness .....  
Numbness .....  
Memory loss .....

Depression .....  
Insomnia .....  
Nervousness .....  
Hallucinations .....  
Previous suicide attempt .....

Increased thirst .....  
Increased hunger .....  
Intolerance to heat or cold .....

Swollen glands .....  
Bruising .....  
Easy Bleeding .....  
Anemia .....  
Previous Blood clot .....

Any Drug Allergies .....  
Environmental Allergies .....  
Recurrent Infections .....

**FEMALE PATIENTS ONLY:**

Date of last menstrual period .....  
Abnormal vaginal bleeding .....  
Vaginal discharge .....  
Previous abnormal pap smear .....  
Sexual difficulties .....

**MALE PATIENTS ONLY:**

Pain or lump on testicle .....  
Discharge from penis .....  
Prostate problems .....  
Erectile Dysfunction .....

Do you need refills? .....