New Pueblo Medicine
Your Physician Team for Life

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Review of Systems

Patient Name: _____ Date: _____

Have you experienced any of the following problems within the past four weeks?
Please check all that apply:

General Health

- ❒ Fever
- ❒ Weight change
- ❒ Problems with hair/nails
- ❒ Sweats
- ❒ Ringing in ears
- ❒ Pressure in ears
- ❒ Pain in ears
- ❒ Faintness/lightheadedness
- ❒ Skin rash/itching
- ❒ Chills
- ❒ Headaches
- ❒ Runny nose
- ❒ Sore throat
- ❒ Dry skin
- ❒ Excessive tiredness
- ❒ Fatigue
- ❒ Other skin problems
- ❒ Sinus congestion
- ❒ Sinus drainage
- ❒ Sinus pressure

Heart / Lungs

- ❒ Irregular heart beat
- ❒ Coughing blood
- ❒ Sputum/phlegm
- ❒ Shortness of breath
- ❒ Chest tightness/pain
- ❒ Coughing/wheezing
- ❒ Other _____
  _____
  _____

Stomach / Digestion

- ❒ Change of appetite
- ❒ Indigestion/heartburn
- ❒ Vomiting
- ❒ Constipation
- ❒ Bloody or black stools
- ❒ Food intolerance
- ❒ Change in bowel habits
- ❒ Hemorrhoids

Have you experienced any of the following problems within the past four weeks?
Please check all that apply:

Kidneys / Urination

- ❒ Frequent urination
- ❒ Hard to start
- ❒ Urination at night
- ❒ Pain with urination
- ❒ Blood in urine
- ❒ Other _____
  _____
  _____

Emotions

- ❒ History of child abuse
- ❒ Thoughts of suicide
- ❒ Excessive anxiety
- ❒ Difficulty sleeping
- ❒ Problems with family/work relationships
- ❒ Anger/losing temper
- ❒ Psychiatric care or counseling
- ❒ Other _____
  _____
  _____

Muscular / Skeletal

- ❒ Joint swelling
- ❒ Joint pain
- ❒ Muscle pain
- ❒ Weakness
- ❒ Bone pain
- ❒ Other _____
  _____
  _____

Neurological

- ❒ Numbness
- ❒ Tingling
- ❒ Balance
- ❒ Dizziness

Gynecology (Women only)

- ❒ Abnormal (irregular) bleeding
- ❒ Vaginal discharge
- ❒ Vaginal burning