



Expertise • Experience • Compassion

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PATIENT NAME _____

REVIEW OF SYSTEMS FORM

Please circle or list problems in each body system.

Constitutional:

- fever
- weight gain
- weight loss
- appetite change
- night sweats
- fatigue
- chills

Eyes:

- blurry
- double vision
- vision loss
- tearing
- redness
- pain
- sensitivity to light
- glaucoma

Ears, Nose, Mouth, Throat:

- hearing loss
- ringing in ears
- ear pain
- nasal congestion
- nasal drainage
- nosebleeds
- mouth/throat irritation
- tooth problem

Cardiovascular:

- chest pain/pressure
- heart racing
- palpitations
- sweating
- leg swelling
- high/low blood pressure

Pulmonary:

- cough
- yellow/green sputum
- blood in sputum
- shortness of breath
- wheezing

Gastrointestinal:

- nausea
- vomiting
- Diarrhea
- Constipation
- Pain
- blood in stool of vomitus
- heartburn
- difficulty swallowing

Genitourinary:

- incontinence
- abnormal bleeding
- abnormal discharge
- urinary frequency
- urinary hesitancy
- pain
- impotence
- sexual problem
- infection
- urinary retention

Musculoskeletal:

- pain
- stiffness
- joint redness/warmth
- arthritis
- back pain
- weakness
- muscle wasting
- sprain/fracture

Neuro:

- headache
- weakness
- dizziness
- change in voice
- change in taste
- change in vision
- change in hearing
- loss/change sensation
- trouble walking
- balance problem
- coordination problem
- shaking
- speech problem

Endocrine:

- cold or heat intolerance
- blood sugar problem
- weight gain/loss
- missed periods
- hot flashes/sweats
- change in body hair
- change in libido
- increased thirst
- increased urination

Heme/Lymph:

- swelling
- bleeding problem
- anemia
- bruising
- enlarged lymph node

Allergic/Immunologic:

- itch
- post-nasal drip
- watery/itchy eyes
- nasal drainage
- immunosuppressed