Winter Haven Hospital
CASSIDY CANCER CENTER
Compassion. Innovation. Trust.

PATIENT REVIEW OF SYSTEMS FORM

Patient Name:_____ SSN: _____

Do you now or have you had any problems related to the following systems? Check the appropriate box.

	Yes (Now)	Yes (Past)	No (Never)
Constitutional Symptoms			
Fever	☐	☐	☐
Chills	☐	☐	☐
Weakness	☐	☐	☐
Poor Appetite	☐	☐	☐
Weight Loss/Gain	☐	☐	☐
Eyes			
Blurred Vision	☐	☐	☐
Double Vision	☐	☐	☐
Pain	☐	☐	☐
Glasses	☐	☐	☐
Change in Vision	☐	☐	☐
Allergic/Immunologic			
Hay Fever	☐	☐	☐
Drug Allergies	☐	☐	☐
Neurological			
Tremors	☐	☐	☐
Dizzy Spells	☐	☐	☐
Numbness/Tingling	☐	☐	☐
Frequent or Severe Headaches	☐	☐	☐
Ear/Nose/Throat/Mouth			
Ear Infection	☐	☐	☐
Sore Throat	☐	☐	☐
Sinus Problem	☐	☐	☐
Difficulty Hearing	☐	☐	☐
Earaches	☐	☐	☐
Cardiovascular			
Chest Pain	☐	☐	☐
Varicose Veins	☐	☐	☐
High Blood Pressure	☐	☐	☐
Heart Murmur	☐	☐	☐
Irregular Heartbeat	☐	☐	☐
Swelling of Legs	☐	☐	☐
Use of Oxygen	☐	☐	☐
Gastrointestinal			
Abdominal Pain	☐	☐	☐
Nausea/Vomiting	☐	☐	☐
Indigestion/Heartburn	☐	☐	☐
Diarrhea	☐	☐	☐
Blood in Stool	☐	☐	☐
Ulcers	☐	☐	☐
Jaundice	☐	☐	☐
Constipation	☐	☐	☐

	Yes (Now)	Yes (Past)	No (Never)
Skin			
Skin Rash	☐	☐	☐
Lump/Growth on Skin	☐	☐	☐
Boils	☐	☐	☐
Persistent Itch	☐	☐	☐
Change in Skin Color	☐	☐	☐
Musculoskeletal			
Joint Pain	☐	☐	☐
Neck Pain	☐	☐	☐
Sore Muscles	☐	☐	☐
Osteoporosis	☐	☐	☐
Psychiatric			
Memory Loss/Forgetfulness	☐	☐	☐
Depression	☐	☐	☐
Respiratory			
Wheezing	☐	☐	☐
Frequent Cough	☐	☐	☐
Shortness of Breath	☐	☐	☐
Blood in Sputum	☐	☐	☐
Genitourinary			
Urine Retention	☐	☐	☐
Painful Urination	☐	☐	☐
Urinary Frequency	☐	☐	☐
Blood in Urine	☐	☐	☐
Discharge (penile or vaginal)	☐	☐	☐
Hematologic/Lymphatic			
Swollen Glands	☐	☐	☐
Enlarged Lymph Nodes	☐	☐	☐
Blood Clotting Problems	☐	☐	☐
Easy Bruising or Bleeding	☐	☐	☐
Frequent Bleeding from Gums	☐	☐	☐
Anemia	☐	☐	☐
Endocrine			
Excessive/Increased Thirst	☐	☐	☐
Heat/Cold Intolerance	☐	☐	☐
Too Hot/Cold	☐	☐	☐
Tired/Sluggish	☐	☐	☐
GYN (females only)			
Symptomatic Hot Flashes	☐	☐	☐
Symptomatic Vaginal Dryness	☐	☐	☐
Difficulty Sleeping	☐	☐	☐

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