# Adult Review of Systems

COLUMBIA GORGE FAMILY MEDICINE

1750 12th Street
Hood River, OR 97031

Phone: 541-386-5070
Fax: 541-386-7190
Web: www.cgfm.com

**Date:** _____ (mm/dd/yyyy) **Birthdate:** _____ (mm/dd/yyyy)

**Name:** _____ (last name, first name, middle initial)

**Check ANY symptoms you've experienced in the last 6 months.:**

Last Dental exam: _____ Last Vision exam: _____

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **General symptoms** | None | Fever | Night sweats | Weight loss | Weight gain | Increased fatigue | |
| **Head & Eyes** | None | Eye pain | Headache | Loss of vision | Need glasses/ contacts | | |
| **Ear, Nose, & Throat** | None | Ear pain | Allergies | Sinusitis | Hearing loss | Snoring | Daytime sleepiness |
| **Cardio-vascular** | None | Chest pain | Shortness of breath | Racing or irregular heartbeat | Difficulty breathing with exertion | Swelling of calves/ankles | Calf pain while walking |
| **Respiratory** | None | Cough | Coughing up blood | Increased phlegm | Shortness of breath | Wheezing | |
| **Gastro-intestinal** | None | Abdominal pain | Blood in stool or black stool | Loss of stool | Diarrhea or constipation | Nausea, vomiting, or indigestion | Trouble swallowing |
| **Urinary** | None | Blood in urine | Loss of urine | Pain with urination | Increased urination | Urinating at night | Incomplete emptying |
| **Male only** | None | Erectile dysfunction | Changes in urinary stream | | | | |
| **Female only** | None | Abnormal or painful periods | Painful intercourse | Chronic pelvic pain | Abnormal vaginal discharge | PMS | **Last period:** _____ |
| **Musculo-skeletal** | None | Muscle weakness | Muscle or joint pain | Morning stiffness | Severe joint pain | | |
| **Skin** | None | Rash | Non-healing sores | Dry skin | Changes in moles | | |
| **Breast** | None | Breast discharge | Breast pain | Breast lump | | | |
| **Neurologic** | None | Fainting | Seizures | Numbness | Dizziness | Tremors | Falls |
| | | Weakness | Trouble walking | Headache | Severe memory problems | | |
| **Psychiatric** | None | Depression | Crying | Poor sleep | Severe anxiety | High stress | |
| **Endocrine** | None | Diabetes | Hypothyroid | Hyperthyroid | Hot flashes | Hair loss | Heat or cold intolerance |
| **Hematologic Lymphatic** | None | Easy bruising | Swollen lymph glands | Easy bleeding | | | |