

Seacoast Pulmonary Medicine

Patient Name: _____

Date of Birth: _____

Review of Systems:

Constitutional:

Chills	Y	N
Fatigue	Y	N
Fever	Y	N
Night Sweats	Y	N
Weight Gain	Y	N
Weight Loss	Y	N

HEENT:

Nasal Drainage	Y	N
Sinus Pressure	Y	N
Sore Throat	Y	N

Respiratory:

Cough	Y	N
Shortness of Breath	Y	N
Wheezing	Y	N

Cardiovascular:

Chest Pain	Y	N
Edema	Y	N
Palpitations	Y	N

Psychiatric:

Anxiety	Y	N
Depression	Y	N

Integumentary:

Rash	Y	N
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Gastrointestinal:

Abdominal Pain	Y	N
Constipation	Y	N
Diarrhea	Y	N
Heartburn	Y	N
Loss of Appetite	Y	N
Nausea	Y	N
Vomiting	Y	N

Genitourinary:

Painful Urination	Y	N
Blood in Urine	Y	N
Increased Urinary Frequency	Y	N

Neurological:

Dizziness	Y	N
Extremity Numbness	Y	N
Extremity Weakness	Y	N
Headache	Y	N

Musculoskeletal:

Back Pain	Y	N
Joint Pain	Y	N
Muscle weakness	Y	N

Immunologic:

Environmental Allergies	Y	N
Seasonal Allergies	Y	N