

Carolina Surgery & Cancer Center

Review of Systems

Date: _____

Pneumonia Vaccine: _____

Influenza Vaccine: _____

Colonoscopy: _____

Mammogram: _____

Please check any symptom(s) that you are currently having.

General

- Wt gain
- Wt loss
- Appetite loss
- Chills
- Fever
- Night Sweats
- Tires easily

Skin

- Change in wart/ mole
- Dryness
- Hair loss
- Hives/ Itching/ Rash
- Skin color changes

Eyes/Ears/ Nose/ Throat

- Cataracts
- Visual Disturbances
- Hearing loss
- Ringing in the ears
- Seasonal Allergies
- Nasal Congestion
- Nose Bleed
- Hoarseness
- Sore Throat
- Difficulty Swallowing

Respiratory

- Asthma
- Bronchitis/ Pneumonia
- Cough
- Shortness of Breath
- History of Tuberculosis

Gastrointestinal

- Abdominal pain
- Change in bowel habits
- Food Intolerance
- Heartburn/ Indigestion
- Weight loss
- Nausea/ Vomiting
- Difficulty swallowing
- Hemorrhoids

Neurological

- Memory loss
- Paralysis
- Seizures
- Transient Ischemic Attacks
- Weakness
- Tremor

Musculoskeletal

- Weakness
- Restriction of movement
- Muscle cramping
- Gout
- Arthritis Rheumatoid/ Osteo

Neck

- Neck mass
- Neck pain
- Swollen glands

Cardiovascular

- Chest pain
- High blood pressure
- Edema
- Irregular heartbeat

Vascular

- Leg rest pain
- Varicose Veins
- Leg swelling
- Discoloration

Endocrine

- Diabetes
- Thyroid issues
- Temperature-Intolerance

Breast

- Breast pain/swelling
- Breast mass
- Nipple discharge

Allergies

- Environmental
- Immunity Disorder

Hematology

- Anemia
- Unusual bleeding
- Bruising

Signature: _____ Date: _____