

# Review of Systems

A companion to TurboNote™  
<http://turbonote.net>

Please circle any of the following which have been a problem in the past month.

Category	Issues	None
General	weakness, fatigue, fever, sweats, weight loss, weight gain, appetite change, thirst change, hot or cold intolerance, pain	<input type="checkbox"/>
Skin	itching, rash, mole change	<input type="checkbox"/>
Eyes	vision change, cataracts, glaucoma	<input type="checkbox"/>
Ears, nose, mouth	dizziness, ringing in ears, hoarseness, sore throat, nose bleed, sinus infection, dental problems	<input type="checkbox"/>
Breasts	discharge, mass, pain, tenderness	<input type="checkbox"/>
Lungs	cough, shortness of breath, chest pain with breathing, coughing blood, wheezing	<input type="checkbox"/>
Heart	chest pain, irregular heart beat, fainting episodes, ankle swelling, leg pains, need more than one pillow to sleep	<input type="checkbox"/>
GI	abdominal pain, nausea, vomiting, diarrhea, constipation, jaundice, black stools, blood in stools, difficulty swallowing, hemorrhoids	<input type="checkbox"/>
Genitourinary	painful urination, frequent urination; urgent urination; blood in urine, kidney stones, urinating at night	<input type="checkbox"/>
Musculo-skeletal	arthritis, stiffness, swelling, weakness, backache, cramps	<input type="checkbox"/>
Nervous system	headache, seizure, dizziness, tremors, memory loss, paralysis, numbness, tingling, muscle weakness	<input type="checkbox"/>
Mental health	anxiety, depression, personality change, suicidal thoughts, anger control problems, alcohol or drug problems, other	<input type="checkbox"/>
Male reproductive	testicular pain, swelling, sexual difficulty	<input type="checkbox"/>
Female reproductive	pelvic pain, loss of period, abnormal bleeding, sexual difficulty hot flashes, vaginal dryness	<input type="checkbox"/>
Hematologic	bruising, bleeding, repeated infections	<input type="checkbox"/>
Lymph nodes	swelling, tenderness	<input type="checkbox"/>

Other issues you would like to discuss:

*If you are unsure about any terms, simply circle the category and we will discuss it with you.*

Please complete this and give it to us when you are seen.  
 Thank you!