Foundations of Clinical Medicine Review of Systems

Use the middle column prior to your interview to make note of how you might ask about the particular system or symptom. In the "Notes" column, note the presence or absence of the symptom and any additional details.

System/Symptom	Asking the Question	Notes
	Asking the Question	Notes
CONSTITUTIONAL		
Fever/chills		
Weight change		
Fatigue		
Night sweats		
Anorexia		
SKIN		
Rash		
Hair/nail changes		
Pruritus		
EYES		
Decreased visual acuity		
Blurry vision		
Diplopia		
Eye pain/discharge		
ENT		
Ears: Pain		
Discharge		
Vertigo		
Decreased hearing		
Tinnitus		
Nose: Rhinorrhea		
Epistaxis		
Mouth & Throat:		
Oral ulcers		
Dental issues/care		
Gingival bleeding		
Abnormal taste		
Hoarseness		
PULMONARY		
Dyspnea		
Wheezing		
Cough		
Sputum		
Hemoptysis		
Cyanosis		
BREAST		
Mass		
Pain		
Nipple discharge		
CARDIOVASCULAR		
Chest pain		
Palpitations		
Orthopnea		
PND		
Edema		
Claudication		
GASTROINTESTINAL		
Dysphagia		
Nausea/vomiting		

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System/Symptom	Asking the Question	Notes
Dyspepsia		
Abdominal pain		
Jaundice		
Diarrhea		
Constipation		
Stool changes/blood in stool		
Tenesmus		
Hemorrhoids		
GENITOURINARY/GYNECOLOGIC		
Dysuria		
Hematuria		
Frequency		
Urgency		
Nocturia		
Incontinence		
Testicular pain/swelling		
Dyspareunia		
Dysmenorrhea		
Menorrhagia		
Metrorrhagia		
Penile/vaginal discharge		
Genital lesions		
ENDOCRINE		
Polyuria		
Polydipsia		
MUSCULOSKELETAL		
Joint swelling		
Joint pain/Arthralgias		
Myalgias		
HEMATOLOGIC/LYMPHATIC		
Easy bruising		
Easy/prolonged bleeding		
Lymphadenopathy		
NEUROLOGIC		
Headache		
Memory loss		
Speech problems		
Syncope		
Seizures		
Numbness/Sensory changes		
Tremor		
Ataxia		
Loss of coordination		
Falls		
PSYCHIATRIC Duranta a sia		
Dysphoria		
Insomnia		
Anxiety		
ALLERGIC/IMMUNOLOGIC (ENVIRONMENTAL/SEASONAL)		
Precipitant/Symptom		