Northwest Podiatry Center, Ltd
Review of Systems
(Check all that Apply)

Patient Name:_____ **Date:**_____

☐ General Health Normal
☐ General Health Abnormal
- Fever ☐ No ☐ Yes
- Fatigue ☐ No ☐ Yes
- Night Sweats ☐ No ☐ Yes
- Weight Gain ☐ No ☐ Yes
- Weight Loss ☐ No ☐ Yes

☐ Head Normal
☐ Head Abnormal
- Headache ☐ No Yes
- Migraine ☐ No Yes
- Dizziness ☐ No Yes

☐ Eyes Normal
☐ Eyes Abnormal
- Itching ☐ No ☐ Yes
- Watery ☐ No ☐ Yes
- Red ☐ No ☐ Yes
- Swelling ☐ No ☐ Yes

☐ Nose Normal
☐ Nose Abnormal
- Itching ☐ No ☐ Yes
- Runny ☐ No ☐ Yes
- Congestion ☐ No ☐ Yes
- Sneezing ☐ No ☐ Yes
- Bleeding ☐ No ☐ Yes
- Colored Discharge ☐ No ☐ Yes
- Diminished Senses ☐ No ☐ Yes

☐ Mouth/Throat Normal
☐ Mouth/Throat Abnormal
- Itchy Palate ☐ No ☐ Yes
- Aphthous Ulcers ☐ No ☐ Yes
- Dry Mouth ☐ No ☐ Yes
- Sore Throat ☐ No ☐ Yes
- Bad Breath ☐ No ☐ Yes
- Post Nasal Drip ☐ No ☐ Yes
- Hoarseness ☐ No ☐ Yes
- Voice Loss ☐ No ☐ Yes

☐ Respiratory Normal
☐ Respiratory Abnormal
- Cough ☐ No ☐ Yes
- Wheeze ☐ No ☐ Yes
- Chest Tightness ☐ No ☐ Yes
- Short of Breath ☐ No ☐ Yes

☐ Cardiovascular Normal
☐ Cardiovascular Abnormal
- Chest Pain ☐ No ☐ Yes
- Palpitation ☐ No ☐ Yes
- Edema ☐ No ☐ Yes

☐ GI Normal
☐ GI Abnormal
- Nausea ☐ No ☐ Yes
- Vomiting ☐ No ☐ Yes
- Bloating ☐ No ☐ Yes
- Heartburn ☐ No ☐ Yes
- Diarrhea ☐ No ☐ Yes
- Constipation ☐ No ☐ Yes
- Abdominal Pain ☐ No ☐ Yes

Neurological Normal
☐ Neurological Abnormal
- Numbness ☐ No ☐ Yes
- Tingling ☐ No ☐ Yes
- Muscle Weakness ☐ No ☐ Yes

☐ Musculoskeletal Normal
☐ Musculoskeletal Abnormal
- Joint Pain ☐ No ☐ Yes
- Back Pain ☐ No ☐ Yes
- Arthritis ☐ No ☐ Yes

☐ Skin Normal
☐ Skin Abnormal
- Itching ☐ No ☐ Yes
- Dryness ☐ No ☐ Yes
- Eczema ☐ No ☐ Yes
- Hives ☐ No ☐ Yes
- Rash ☐ No ☐ Yes

☐ Immunological Normal
☐ Immunological Abnormal
- Swollen Lymph ☐ No ☐ Yes
- Painful Lymph ☐ No ☐ Yes
- Difficult Infections ☐ No ☐ Yes

☐ Sinusitis ☐ URI
☐ UTI ☐ Pneumonia
☐ Bronchitis ☐ Thrush

☐ Abscesses
☐ Other _____