

REVIEW OF SYSTEMS

Please check any / all symptoms you are currently experiencing or have experienced in the recent past with regard to the reason you are being seen today.

HENT		HEAD		Integumentary (Skin)	
EAR		headaches		rash	
ear pain		dizziness/lightheadedness		itching	
hearing loss		vertigo (spinning)		skin dryness	
ringing in ears				lumps	
ear discharge		Constitutional		new lesion, sores	
itching in ear		fatigue			
ear swelling		fever		Neurologic	
pressure sensation in ear		chills		incoordination	
sound sensitivity		malaise		tingling or numbness	
NOSE		body aches		speech difficulties	
sinus pain		weight loss		loss of balance	
nasal congestion		weight gain		loss of consciousness	
nose bleeding		generalized weakness			
nasal obstruction				Psychiatric	
nasal discharge		Cardiovascular		anxiety	
nasal pain		fainting		depression	
postnasal drip		shortness of breath during sleep			
deviated septum		causing cough and wheezing		Heme-Lymph	
decreased sense of smell				lymph node enlargement	
THROAT		Respiratory		bruising	
snoring		shortness of breath			
neck pain or stiffness		wheezing		Allergic-Immunologic	
thyroid mass		cough		sinus allergy symptoms	
sore throat		abnormal sputum production		frequent colds, infections	
oral sores or ulcers		coughing up blood			
mouth mass				Endocrine	
mouth pain		Gastrointestinal		night sweats	
mouth swelling		nausea		heat or cold intolerance	
tongue swelling		vomiting			
frequent throat clearing		loss of appetite		Please list any other pertinent symptoms you are experiencing now below:	
lump in throat sensation		heartburn			
change in voice		vomiting blood			
hoarseness		excessive belching			
pain, difficulty swallowing		indigestion			
neck mass					
swollen glands					
neck swelling					
jaw pain					

FAMILY HISTORY

Please list all BLOOD RELATIVES, their current health status (Living/Deceased) and any illnesses they had or have. (Use back of page if necessary)

Father (Living / Deceased) _____

Mother (Living / Deceased) _____

Brother(s) (Living / Deceased) _____

Brother(s) (Living / Deceased) _____

Sister(s) (Living / Deceased) _____

Sister(s) (Living / Deceased) _____

Name _____

Date _____