

Name					MONTHLY REVIEW OF SYSTEMS				
Mark the applicable with C - constantly, F - frequently, O - occasionally, S - seldom, R - rarely									
Y - yes, N - no, ? - maybe									
Name	date	date	date		date	date	date		
	Start	3 week	10 week	14 week		Start	3 week	10 week	14 week
Skin					Upper Resp. - continued				
rashes					pain on breathing				
eczema					difficulty breathing				
psoriasis					bronchitis				
hives					pneumonia				
acne					tuberculosis				
boils									
change in mole					Cardiovascular				
skin cancer					high blood pressure				
night sweats					high cholesterol				
Dandruff					angina				
					murmurs				
Eyes					rheumatic fever				
near-sighted					chest pains				
far-sighted					swelling in ankles				
eye pain					frequent palpitations				
double vision					ECG, other heart tests				
blind spot									
retinitis					Gastrointestinal				
glaucoma					food allergies				
cataracts					trouble swallowing				
blurring					heartburn				
dryness					hernia				
tearing					nausea				
redness					vomiting				
discharge					excessive belching				
					excessive passing gas				
Ears					jaundice				
ringing					liver disease				
impaired hearing					hepatitis				
earache					gall bladder problems				
dizziness					ulcer(s)				
discharge					indigestion				
infections					#bowel mvmts/day				
					blood in stools				
Upper Respiratory					mucous in stools				
frequent colds					black, tarry stools				
frequent sore throat					constipation				
tonsillitis					diarrhea				
swollen glands (neck)					rectal bleeding				
stiffness/ obstruction					hemorrhoids				
nasal discharge					prolapse				
sinus problems					abdominal pain				
seasonal allergies					irritable bowel syndrome				
nose bleeds									
cough					Peripheral Vascular				
sputum					extremity swelling				
hoarseness					varicose veins				
wheezing					spider veins				
spitting up blood					extremity ulcers				
asthma					deep leg pain				
shortness of breath					blood clots				
" " lying down					extremity coldness				

