

FEMALE REVIEW OF SYSTEMS

Please check all that apply

CONSTITUTIONAL

- Chills
- Fever

HEENT

- Headache
- Vision Loss
- Nasal Congestion
- Snoring

RESPIRATORY

- TB Exposure

CARDIOVASCULAR

- Chest Pain
- Dyspnea (shortness of breath)
- Edema
- Irregular Heartbeat / Palpitations

GASTROINTESTINAL

- Constipation
- Decreased Appetite
- Diarrhea
- Fecal Incontinence

GENITOURINARY

- Back Pain
- Change in urine color
- Decreased (weak) stream
- Dysuria (painful urination)
- Flank Pain
- Foul Urine Odor
- Frequent Urination
- Hesitancy (difficulty starting)
- Nocturia (awakened from sleep by urge to void), # of times a night _____
- Suprapubic Pain
- Urgency (strong sudden urge to urinate)
- Urinary Incontinence (leakage)

REPRODUCTIVE

- Hormone Replacement Therapy
- Dyspareunia (painful intercourse)
- Oral Contraception
- Other Contraception
- Vaginal Itch
- Vaginal Discharge

METABOLIC/ENDOCRINE

- Weight Gain
- Weight Loss

NEUROLOGICAL

- Seizures
- Tremors

DERMATOLOGIC

- Pruritis
- Rash

MUSCULOSKELATAL

- Myalgias (muscle aches)

HEMATOLOGIC

- Easy Bleeding
- Easy Bruising
- Thromboembolic Events
 - CVA – Stroke
 - MI – Heart Attack
 - DVT–Blood clot in leg/arm
 - Phlebitis – superficial veins
 - PE – Pulmonary Embolism

Name: _____ dob: _____ date: _____