

# The Kidney Group REVIEW OF SYSTEMS



Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate symptoms that you have experienced in the last six months, or that have recurred throughout your life.

**GENERAL**

- Weight Change
- Fever/Chills
- Weakness
- Fatigue
- Sweating/Night Sweats
- Fainting
- Dizziness
- Forgetfulness

**SKIN**

- Itching
- Rashes
- Bruises Easily
- Hives
- Athlete's Foot
- Eczema/Psoriasis
- Change in Moles
- Sores that won't heal

**MUSCLES/JOINT/BONE**

- Pain
- Arthritis
- Swelling
- Bursitis/Tendonitis
- Broken Bones
- Sprains/Strains
- Spasms/Cramps
- Jaw Pain/TMJ
- Low Back, Hip, or Leg Pain
- Neck, Shoulder, or Arm Pain

**EYES**

- Glasses/Contacts
- Blurry Vision
- Eye Pain
- Double Vision
- Glaucoma
- Cataracts
- Macular Degeneration

**NOSE**

- Sinusitis
- Bleeding
- Discharge
- Obstruction
- Postnasal Drip
- Nasal Polyps

**MOUTH/THROAT**

- Sores
- Bleeding Gums
- Loose Teeth
- Hoarseness
- Difficulty Swallowing

**EARS**

- Ringing
- Earaches/Discharge
- Loss of Hearing

**PULMONARY**

- Shortness of Breath
- Wheezing
- Chronic Cough
- Coughing Blood
- Sputum

**CARDIOVASCULAR**

- High Blood Pressure
- Low Blood Pressure
- Irregular Heartbeat
- Calf Pain when walking
- Palpitations
- Chest Pain
- Varicose Veins
- Edema

**ENDOCRINE**

- Diabetes
- Hypoglycemia
- Goiter
- Heat/Cold Intolerance
- Excessive Thirst/Hunger

**GASTROINTESTINAL**

- Poor Appetite
- Constipation/Diarrhea
- Indigestion/Heartburn
- Gas/Bloating
- Bowel Changes
- Nausea/Vomiting
- Hemorrhoids
- Hernia
- Blood in Stool
- Anal Discomfort

**GENITOURINARY**

- Painful Urination
- Recurrent Infections
- Low Back Pain
- Loss of Bladder Control
- Blood in Urine
- Frequent/Urgent
- Nighttime Urination
- Impotence
- Foamy Urine
- STD
- Syphilis
- Herpes
- Gonorrhea
- Chlamydia
- Sexual/Physical Abuse
- Sores/Discharge
- Impotence

**ALLERGIC**

- Drug Allergy
- Asthma
- Eczema
- Rhinitis
- Hay fever
- Hives
- Postnasal Drip
- Itchy/Watery Nose & Eyes

**BLOOD/LYMPH**

- Anemia
- Transfusions
- Bleeding Tendency
- Lymph Node Enlargement
- Lymph Node Pain

**NEUROLOGICAL**

- Fainting
- Convulsions
- Sensations
- Gait/Coordination
- Paralysis/Weakness
- Numbness/Tingling
- Headache/Head Injury

**PSYCHOLOGICAL**

- Drug/Alcohol Abuse
- Memory Loss
- Mood Disorder
- Altered Sleep Pattern
- Anxiety/Depression
- Phobias
- Eating Disorder

**PLEASE LIST ANY OTHER SYMPTOMS HERE:**