

Ambulatory Services

ADOLESCENT REVIEW OF SYSTEMS

Instructions: Check the box for each symptom that the patient has had in the past three months. Fill in the blank spaces.

NAME:

MR#:

BIRTHDATE:

GENERAL

- Weakness
- Fatigue
- Chills
- Night sweats
- Change in weight, appetite or sleeping habits

EYES

- Glasses or contacts
- Blank spots in your field of vision
- Excessive tearing or discharge
- Eye pain
- Double vision
- Last eye exam, Date: _____

EARS, NOSE, SINUSES, MOUTH and THROAT

- Loss or trouble hearing
- Ringing
- Drainage
- Frequent headaches
- Nosebleed
- Post nasal drip
- Blockage of nose
- Sinus pain
- Sore throat
- Hoarseness
- Speech problems
- Bleeding gums
- Teeth problems _____
- Last dental exam, Date: _____
- Orthodontia

LUNGS

- Cough
- Wheezing
- Shortness of breath
- Spitting up blood
- Positive TB Test

HEART

- Chest pain
- Palpitations (heart pounding)
- Trouble breathing at night
- Fatigue easily with exercise
- Ankle swelling

SKIN

- Itching
- Rash
- Change in color
- Changes in warts, moles, or birthmarks
- Acne

BREAST

- Lumps in breast
- Discharge from nipple

GASTROINTESTINAL

- Vomiting
- Difficulty swallowing
- Stomach or abdominal pain
- Indigestion or heartburn
- Ulcers
- Changes in bowel habits
- Blood in stools (or black stools)

- Pain
- Stiffness
- Weakness
- Twitching
- Deformity
- Chronic back pain
- Joint swelling
- Decreased range of motion

VAGINAL and URINARY (Female)

- Vaginal itching or burning
- Vaginal discharge
- Sexually active
- Sexually transmitted diseases (herpes, syphilis, chlamydia, gonorrhea, AIDS, etc.)
- Age at menarche: _____
- Last menstrual period, Date: _____
- Problems with menstrual periods
- Last pap smear, Date: _____
- Methods of contraception: _____
- Pregnancies, number: _____

- Problems during pregnancy
- Miscarriages or abortions, number: _____
- Pain or frequent urination
- Previous urinary tract infections
- Blood in urine
- Kidney stones

GENITAL and URINARY (Male)

- Hernia
- Discharge from penis
- Pain or lump in testicles
- Sexually active
- Method of contraception: _____
- Sexually transmitted diseases (herpes, syphilis, chlamydia, AIDS, etc.)
- Pain or frequent urination
- Previous urinary tract infections
- Blood in urine
- Kidney stones

HEMATOLOGIC and LYMPHATIC

- Easy bruising or bleeding problems
- Swollen lymph nodes

ENDOCRINE

- Excessively hot
- Excessively cold
- Always thirsty
- Always hungry

NERVOUS SYSTEM

- Headaches
- Numbness
- Dizziness or passing out
- Loss of coordination or balance
- Head injury
- Seizures

PSYCHOLOGICAL

- Nervousness/anxiety/stress
- Depression
- Unable to sleep
- Nightmares
- Rape/partner violence or harassment

3039329 (6/02)

MUSCULOSKELETAL

Provider Signature _____ Date _____

