# REVIEW OF SYSTEMS

Kona Community Hospital, Radiation Oncology Clinic

**NAME:** _____ **DOB:** _____
**DATE:** _____

**Please indicate if you have experienced any of these problems frequently or if they have worsened in the last 6 to 12 months.**

**GENERAL SYMPTOMS**

| | | |
|---|---|---|
| Fevers/Chills | Y | N |
| Night Sweats | Y | N |
| Weight Loss | Y | N |

**EYES**

| | | |
|---|---|---|
| New Trouble Seeing | Y | N |
| Double Vision | Y | N |
| Pain | Y | N |

**EAR/NOSE/MOUTH/THROAT**

| | | |
|---|---|---|
| Pain | Y | N |
| Nasal Obstruction | Y | N |
| Bleeding from Nose | Y | N |

**HEART & ARTERIES**

| | | |
|---|---|---|
| Chest Pain | Y | N |
| Palpitations | Y | N |
| Calf Pain with Walking | Y | N |

**LUNGS**

| | | |
|---|---|---|
| Shortness of Breath | Y | N |
| Increase in Coughing | Y | N |
| Increase in Wheezing | Y | N |
| Coughing up Blood | Y | N |

**STOMACH & INTESTINES**

| | | |
|---|---|---|
| Difficulty Swallowing | Y | N |
| Indigestion/Heartburn | Y | N |
| Abdominal Pain | Y | N |
| Nausea/Vomiting | Y | N |
| Change in Bowel Movements | Y | N |
| Blood in or Black Stool | Y | N |

**SKIN**

| | | |
|---|---|---|
| Rash | Y | N |
| Itching | Y | N |

**MUSCULOSKELETAL**

| | | |
|---|---|---|
| New Bone Pain | Y | N |
| Focal Weakness | Y | N |

Where:_____

**GENITOURINARY**

| | | |
|---|---|---|
| Painful Urination | Y | N |
| Blood in Urine | Y | N |
| Urinary Leakage | Y | N |
| Urinary Frequency | Y | N |
| Trouble Emptying Bladder | Y | N |

**MALE**

| | | |
|---|---|---|
| Trouble Having Erection | Y | N |

**FEMALE**

| | | |
|---|---|---|
| New Blood from Vagina | Y | N |
| Heavy Blood from Vagina | Y | N |

Last Mammogram_____
Last Pelvic Exam _____

**BLOOD/LYMPHATICS**

| | | |
|---|---|---|
| Easy Bruising/Bleeding | Y | N |
| New or Swollen Nodes | Y | N |

**NEUROLOGICAL**

| | | |
|---|---|---|
| New Headaches | Y | N |
| Dizzy Spells | Y | N |
| Numbness/Weakness | Y | N |

**PSYCHOLOGICAL**

| | | |
|---|---|---|
| Anxiety | Y | N |
| Depression | Y | N |
| Thoughts of Hurting Self | Y | N |

PHYSICIAN SIG:_____