

Patient Name: _____

TEXAS ONCOLOGY

Review of Systems: Please indicate if you have any of the following problems now or in the past. If no problems are present in a category, please circle the bold heading.

Height: _____ **Weight:** _____ lbs

Constitutional

Fever _____
Night sweats _____
Weight gain (___) lbs
Weight loss (___) lbs
Exercise intolerance _____

Eyes

Dry eyes _____
Irritation _____
Vision Change _____

ENMT

Difficulty hearing _____
Ear pain _____
Frequent nosebleeds _____
Nose/Sinus problems _____
Sore Throat _____
Bleeding gums _____
Snoring _____
Dry mouth _____
Mouth Ulcers _____
Oral abnormalities _____
Teeth abnormalities _____

Cardiovascular

Chest pain _____
Arm pain on exertion _____
Shortness of breath when walking _____
Shortness of breath when laying down _____
Palpitations _____
Known heart murmur _____
Chest pain on exertion _____
Arm pain on exertion _____

Respiratory

Cough _____
Wheezing _____
Shortness of breath _____
Coughing up blood _____

Gastrointestinal

Abdominal pain _____
Vomiting _____
Change in appetite _____
Diarrhea _____
Vomiting blood _____
Constipation _____

Genitourinary

Incontinence _____
Difficulty urinating _____
Hematuria _____
Urinary frequency _____
Increased frequency _____
Urinary loss of control _____
Incomplete emptying _____

Musculoskeletal

Muscle aches _____
Muscle weakness _____
Arthralgias/joint pain _____
Back pain _____

Skin

Abnormal mole _____
Jaundice _____
Eczema _____
Rash _____

Neurology

Loss of consciousness _____
Weakness _____
Numbness _____
Seizures _____
Dizziness _____
Headaches _____

Psych

Depression _____
Mania _____
Sleep disturbance _____
Feeling unsafe in relationship _____
Alcohol abuse _____

Endocrine

Fatigue _____
Increased thirst _____
Hair falling out _____
Increased hair growth _____

Hematology/Lymphatic

Swollen glands _____
Bruising _____
Bleeding problems _____

Allergy/Immunologic

Runny nose _____
Sinus pressure _____
Itching _____
Hives _____
Frequent sneezing _____

Other Medical Problems: _____

