Northwestern Medicine
Northwestern Medical Group

Department of Otolaryngology
Head and Neck Surgery
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Name_____ Date_____

**REVIEW OF SYSTEMS: please circle the symptoms you have**

| | |
|---|---|
| General: | Fevers<br>Unintended weight loss or gain<br>Excess fatigue<br>Sleep problems |
| Eyes: | Itching<br>Excess tearing<br>Change in vision<br>Glasses |
| Ears: | Hearing loss<br>Ear pain / pressure / fullness<br>Vertigo / imbalance<br>Ringing / buzzing<br>Discharge/ drainage in the ear<br>Hearing aid |
| Nose/ Sinus: | Obstruction<br>Runny nose/ post nasal drip<br>Facial pain/ pressure<br>Loss of smell or taste<br>Foul odor<br>Nasal bleeding |
| Mouth / Throat: | Hoarseness<br>Oral sores / Ulcers<br>Dental problems / Tooth pain<br>Throat pain<br>Difficulty swallowing |
| Neck: | Soreness / pain<br>Lumps / swelling<br>Stiffness<br>No problems |
| Digestive: | Nausea / vomiting<br>Constipation<br>Diarrhea<br>Heart burn |
| Urinary: | Flank pain<br>Pain on urination<br>Abnormal urine<br>Kidney stone |
| Nervous: | Headaches<br>Numbness / tingling<br>Paralysis / paresis<br>Memory loss |
| Psychological: | Depression<br>Anxiety |
| Cardiovascular: | Chest pain<br>Palpitations |
| Respiratory: | Shortness of breath<br>Wheezing<br>Cough<br>Previous TB<br>Bronchitis |
| Musculoskeletal: | Recent injury<br>Arthritis<br>Soreness / Pain |
| Other: | _____<br>_____<br>_____ |

PLEASE PROVIDE DETAILES FOR ANYTHING YOU CIRCLED ABOVE: _____
_____
_____

_____
**PATIENT SIGNATURE**

**Thank you for completing this form.** **Reviewing MD Signature**_____