Tidewater Physicians Multispecialty Group

Chessen Behavioral Health
12420 Warwick Boulevard, Bldg. 7, Suite C
Newport News, VA 23606
(757) 595-3900 • Fax (757) 595-0649

REVIEW OF SYSTEMS QUESTIONNAIRE

Name:_____ ❒ M ❒ F DOB: _____

REVIEW OF SYSTEM	CHECK THOSE THAT YOU HAVE RECENTLY EXPERIENCED	COMMENTS AND/OR OTHER
Constitutional	❒ Trouble falling asleep ❒ staying asleep ❒ fatigue ❒ Sleeping too much ❒ Waking up too early ❒ Decreased ability to concentrate ❒ Decreased: ❒ appetite ❒ weight ❒ energy ❒ Increased: ❒ appetite ❒ weight ❒ energy	
Skin/Breast	❒ Itching ❒ Scratching ❒ Bruising Change in: ❒ hair ❒ nails ❒ Rashes ❒ Discharge ❒ Pain ❒ Dryness ❒ Sweating too much ❒ Hair Pulling ❒ Biting Nails	
Eyes	❒ Blurriness ❒ Tearing ❒ Itching ❒ Dryness ❒ Visual loss ❒ Spots ❒ Contacts ❒ Glasses	
Ears/Nose/Throat	❒ Changes in hearing ❒ Ringing in the ears ❒ Congestion ❒ Sneezing ❒ Hoarseness ❒ Hearing aid ❒ Runny nose ❒ Sore throat ❒ Vertigo	
Respiratory	❒ Wheezing ❒ Cough ❒ Shortness of breath ❒ Tuberculosis ❒ Coughing up blood ❒ Asthma ❒ Pneumonia ❒ Bronchitis	
Cardiovascular	❒ Chest pain ❒ Palpitations ❒ Murmurs ❒ Rheumatic fever Shortness of breath: ❒ on exertion ❒ at night ❒ High blood pressure ❒ Low blood pressure	
Gastrointestinal	❒ Nausea ❒ Vomiting ❒ Diarrhea ❒ Hemorrhoids ❒ Blood in stool ❒ Heartburn ❒ Constipation ❒ Incontinence Swallowing: ❒ w/difficulty ❒ w/pain	
Genitourinary	❒ Discharge ❒ Sores ❒ Pelvic pain Urinating: ❒ can't wait ❒ too often	
Reproductive	❒ Irregular Periods ❒ Cramps ❒ Genital pain ❒ Birth control ❒ Hormone Therapy ❒ History of STD Problem with: ❒ sexual function desire ❒ orgasms ❒ erections	
Endocrine	❒ Too Thirsty ❒ Urinating too much ❒ Eating too much ❒ Sweats ❒ Diabetes ❒ Thyroid Can't tolerate: ❒ hot weather ❒ cold weather	
Musculoskeletal	❒ Pain ❒ Joint Stiffness ❒ Instability ❒ Redness ❒ Swelling ❒ Arthritis ❒ Gout ❒ Change in range of motion	
Heme/Lymph	❒ Bleeding ❒ Blood clots Swelling: ❒ ankles ❒ legs ❒ arms ❒ Swollen glands ❒ Easy bruising ❒ Anemia ❒ Transfusions	
Neurological	❒ Headache ❒ Tremors ❒ Fainting ❒ Blackouts Numbness in: ❒ feet ❒ hands ❒ other:	
Psychiatric	❒ Anxiety ❒ Panic Attacks ❒ Depression ❒ Memory Problem ❒ Paranoia ❒ Hallucinations Thoughts of harming: ❒ self ❒ others ❒ Tension ❒ Agitation ❒ Irritability ❒ Anger ❒ Attention problems	

This form was completed by: _____ Date: _____
Patient and/or Authorized Representative Signature

This form has been reviewed with the patient by _____ Date: _____
Clinician Signature