Health Center
at Touro University Nevada

Review of Systems - Male

Are you currently having any problems related to the following systems? Check Yes or No

General

Feeling well	□ Yes	□ No
Weight loss/gain	□ Yes	□ No
Fatigue	□ Yes	□ No
Fever	□ Yes	□ No

Integumentary (skin)

New or changing moles	□ Yes	□ No
Itching	□ Yes	□ No
Rash	□ Yes	□ No

HEENT

Eye pain	□ Yes	□ No
Change in vision/vision loss	□ Yes	□ No
Change in/difficulty hearing	□ Yes	□ No
Ear pain	□ Yes	□ No
Runny nose	□ Yes	□ No
Difficulty swallowing	□ Yes	□ No

Respiratory

Cough	□ Yes	□ No
Snoring	□ Yes	□ No
Difficulty breathing	□ Yes	□ No

Breast

Breast lumps	□ Yes	□ No
Breast pain	□ Yes	□ No
Nipple discharge	□ Yes	□ No

Cardiovascular

Chest pain	□ Yes	□ No
Palpitations	□ Yes	□ No
Waking at night with difficulty breathing	□ Yes	□ No
Swelling in legs	□ Yes	□ No

Gastrointestinal

Abdominal pain	□ Yes	□ No
Black or bloody stool	□ Yes	□ No
Constipation	□ Yes	□ No
Diarrhea	□ Yes	□ No
Heartburn/indigestion	□ Yes	□ No
Nausea/vomiting	□ Yes	□ No

Genitourinary

Difficulty starting stream	□ Yes	□ No
Impotence	□ Yes	□ No
Urine loss/leakage	□ Yes	□ No
Awaken at night to urinate	□ Yes	□ No
Difficulty emptying bladder completely	□ Yes	□ No

Musculoskeletal

Back pain	□ Yes	□ No
Joint pain	□ Yes	□ No
Have you given up any activity due to pain?	□ Yes	□ No

Neurological

Numbness/tingling	□ Yes	□ No
Difficulty speaking	□ Yes	□ No
Headaches	□ Yes	□ No

Psychological

Difficulty with sleep	□ Yes	□ No
Anxiety	□ Yes	□ No
Depression	□ Yes	□ No

Endocrine

Excessive thirst	□ Yes	□ No
Heat/cold intolerance	□ Yes	□ No

Hematology

Easy Bruising/nosebleeds	□ Yes	□ No

Name_____ Date_____