Tufts Medical Center

HEALTH PROBLEMS CHECKLIST

Your doctor will likely cover this checklist, also known as the Review of Systems.
It is provided as a tool to help you recall any health problems you may have experienced in the past 3 months.

Often feeling tired (fatigued)	Yes ☐	No ☐	
Unexplained weight loss	Yes ☐	No ☐	
Unexplained weight gain	Yes ☐	No ☐	
Unexplained fevers or night sweats	Yes ☐	No ☐	
Rashes	Yes ☐	No ☐	
Changes with skin mole(s)	Yes ☐	No ☐	Location: _____
New lump(s)	Yes ☐	No ☐	Location: _____
Easy bruising or bleeding	Yes ☐	No ☐	
Frequent headaches	Yes ☐	No ☐	
Trouble with vision that is not corrected by glasses or contacts	Yes ☐	No ☐	Last eye exam: _____
Trouble with hearing	Yes ☐	No ☐	Last hearing test: _____
Frequent sinus congestion or "hay fever"	Yes ☐	No ☐	
Dental problems	Yes ☐	No ☐	Last dental exam: _____
Difficulty swallowing	Yes ☐	No ☐	
Rapid or irregular heart beat	Yes ☐	No ☐	
Chest pain	Yes ☐	No ☐	
Swelling or puffiness of feet or hands	Yes ☐	No ☐	
Shortness of breath	Yes ☐	No ☐	
Frequent cough	Yes ☐	No ☐	
Wheezing	Yes ☐	No ☐	
Loss of appetite	Yes ☐	No ☐	
Frequent nausea or vomiting	Yes ☐	No ☐	
Frequent heartburn	Yes ☐	No ☐	
Frequent abdominal pain	Yes ☐	No ☐	
Frequent diarrhea	Yes ☐	No ☐	
Frequent constipation	Yes ☐	No ☐	
Blood in stools	Yes ☐	No ☐	
Pain or burning with urination	Yes ☐	No ☐	
Need to urinate frequently	Yes ☐	No ☐	
Blood in urine	Yes ☐	No ☐	
Sexual problems	Yes ☐	No ☐	
Hot flashes	Yes ☐	No ☐	
Joint or bone pain	Yes ☐	No ☐	Location: _____
Frequent muscle aches	Yes ☐	No ☐	Location: _____
Other frequent pain	Yes ☐	No ☐	Location: _____
Tremors of hands	Yes ☐	No ☐	
Problems with coordination	Yes ☐	No ☐	
Seizures (convulsions)	Yes ☐	No ☐	
Dizziness	Yes ☐	No ☐	
Memory problems	Yes ☐	No ☐	
Often feeling sad or down	Yes ☐	No ☐	
Often feeling anxious or worried	Yes ☐	No ☐	
Frequent mood swings	Yes ☐	No ☐	
Trouble sleeping	Yes ☐	No ☐	