

## SYSTEM REVIEW

**Not Done:**

### **RESPIRATORY**

Cough Productive/ Dry / Hacking  
Sputum  
Haemoptysis  
Wheezing  
Dyspnea / Orthopnea  
Pain Forced Inhalation / Exhalation

**Not Done:**

### **CARDIOVASCULAR**

Pain Chest/ Jaw/ Arm  
Palpitations  
Dyspnea At Rest / On Exertion  
Orthopnea  
Ankle Oedema  
Syncope  
Varicosities

**Not Done:**

### **GASTROINTESTINAL**

Weight Gain / Loss      Actively Dieting  
Appetite  
Nausea  
Pain  
Bowel Habit  
Stool  
Haemorrhoids  
Indigestion  
Thirst  
Vomiting  
Gas  
Bleeding  
Jaundice

**Not Done:**

### **NERVOUS**

Mental State  
Seizures  
Vertigo  
Visual Disturbance/Double/Blurred Vision  
Tremor  
Weakness  
Parasthesia  
Sleep  
Headache  
Syncope  
Pain

# SYSTEM REVIEW

**Not Done:**

## **ENDOCRINE**

PM Sweats  
Hot/cold Sweats  
Hot/cold intolerance  
Dry Skin  
Coarse hair/ facial hair  
Voice changes

**Not Done:**

## **GENITO-URINARY**

Frequency  
Bleeding  
Mense  
Pain  
Incontinence/Urgency/Hesitation/Leaking/PM Voiding  
Pregnancy  
Recurrent Kidney / Bladder Infections

**Not Done:**

## **MUSCULOSKELETAL**

Pain  
Stiffness  
Fracture  
Weakness  
Swelling

**Not Done:**

## **ALLERGY**

Dairy  
Dust  
Pollen  
Wheat/Gluten/Nuts  
Mites/Animal Dander  
Meds

**Not Done:**

## **HEMATOPOIETIC**

Pallor  
Bleeding  
Jaundice  
Bruising

**Not Done:**

## **ENT**

Ears  
Eyes  
Nose  
Throat  
Mouth  
Teeth  
Skin