GENE UPSHAW MEMORIAL
TAHOE FOREST CANCER CENTER

REVIEW OF SYSTEMS (MALE)

Please Indicate Yes or No to the following

	Yes	No
CONSTITUTION		
Appetite change	☐	☐
Chills	☐	☐
Sweating	☐	☐
Fatigue	☐	☐
Fever	☐	☐
Unexpected weight change	☐	☐
HEAD, EARS, NOSE, THROAT		
Hearing loss	☐	☐
Lump/Mass	☐	☐
Mouth sores	☐	☐
Nosebleeds	☐	☐
Sore throat	☐	☐
Ringing in ears	☐	☐
Trouble swallowing	☐	☐
Voice change	☐	☐
EYES		
Eye problems	☐	☐
Yellow eyes	☐	☐
RESPIRATORY		
Chest tightness	☐	☐
Cough	☐	☐
Coughing blood	☐	☐
Shortness of breath	☐	☐
Wheezing	☐	☐
CARDIOVASCULAR		
Chest pain	☐	☐
Leg swelling	☐	☐
Palpitations	☐	☐
GASTROINTESTINAL		
Abdominal distention	☐	☐
Abdominal pain	☐	☐
Blood in stool	☐	☐
Constipation	☐	☐
Diarrhea	☐	☐
Nausea	☐	☐
Rectal pain	☐	☐
Vomiting	☐	☐
ENDOCRINE		
Hot flashes	☐	☐

	Yes	No
GENITOURINARY		
Difficulty urinating	☐	☐
Pain urinating	☐	☐
Increased frequency urinating	☐	☐
Blood in urine	☐	☐
Incontinence	☐	☐
Urinating during the night	☐	☐
Pelvic pain	☐	☐
Penile pain	☐	☐
Penile discharge	☐	☐
MUSCULOSKELETAL		
Joint pain	☐	☐
Back pain	☐	☐
Flank pain	☐	☐
Muscle aches	☐	☐
Neck pain	☐	☐
Neck stiffness	☐	☐
SKIN		
Itching	☐	☐
Rash	☐	☐
Wound	☐	☐
NEUROLOGICAL		
Dizziness	☐	☐
Gait problem	☐	☐
Headaches	☐	☐
Lightheadedness	☐	☐
Numbness	☐	☐
Seizures	☐	☐
Speech difficulty	☐	☐
Extremity weakness	☐	☐
HEMATOLOGIC		
Enlarged lymph nodes	☐	☐
Bruise or Bleed Easily	☐	☐
PSYCHIATRIC		
Anxiety	☐	☐
Confusion	☐	☐
Decreased concentration	☐	☐
Depression	☐	☐
Trouble sleeping	☐	☐
Suicidal ideas	☐	☐

Other (write in):