Specialty: Family Medicine

Visit Types: New pt – Brief or Comprehensive Est pt – Brief or Comprehensive

Family Medicine Review of Systems

Please answer every question

Compatible Note Forms: CHI Complete – Female Adult FM CHI Complete – Male Adult FM

STAFF: Handwritten items must be entered MANUALLY. PLEASE PRINT PATIENT'S LAST NAME **Marking Instructions** MIDDLE INITIAL PATIENT'S FIRST NAME PATIENT'S DATE OF BIRTH Please use a #2 pencil. Fill in the complete oval as shown... Month Day Are you able to care for yourself (bathe, dress, feed yourself, walk, etc.)? yes nο Do you have any nutrition concerns? Please mark all symptoms you are CURRENTLY experiencing. Mark all that apply. If you have no symptoms in a category, please mark "NONE." fatigue (chills tired / weak night sweats **GENERAL** change in appetite recent weight gain (____ _lbs) fever recent weight loss (_ please fold on dotted line ----watery eyes (eye pain dry eyes **EYES** red eyes itchy eyes NONE (eye discharge (change in vision nasal stuffiness nasal itching earache (nasal discharge (snoring ringing in ears difficulty swallowing **EAR / NOSE / THROAT** dizziness (mouth sores hearing loss dry mouth tooth pain sore throat nosebleeds hoarseness sensation of room spinning tenderness in ear, nose or throat NONE swelling in hands / arms or feet / legs chest discomfort palpitations (varicose veins (**CARDIOVASCULAR** rapid heartbeat cold hands / arms or feet / legs slow heartbeat other pain in hands / arms or feet / legs leg pain with activity **NONE** (----- please fold on dotted line difficulty breathing while sleeping cough difficulty breathing while lying down coughing up phlegm (thick mucous) RESPIRATORY wheezing coughing up blood shortness of breath sharp pain while breathing shortness of breath on exertion (abnormal sounds while breathing NONE abdominal pain (belching vomiting (gas nausea (painful swallowing **GASTROINTESTINAL** constipation (bloating diarrhea (blood in stools heartburn (black or tarry stools difficulty swallowing (abdominal cramps (NONE

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FEMALE GENITOURINARY Ridney stones groin swelling			<u> </u>	
REMALE GENITOURINARY Pelvic pain painful menstruation blood in urine blood in urine painful menstruation blood in urine painful urination testicular mass frequent righttime urination frequent urination genital sore / growth erectile dysfunction hesitancy with urination didney stones testicular pain minoritinence (urine leakage) NONE		painful urination 🔵		
pelvic pain painful menstruation blood in urine abnormal vaginal bleeding frequent nighttime urination hold in urine testicular mass painful urination frequent nighttime urination frequent urination gental sore / growth frequent urination erectile dysfunction kidney stones hesitancy with urination kidney stones hone hone hesitancy with urination kidney stones hone hesitancy with urination kidney stones hone hone hesitancy with urination hesitancy in did not determine head the manual problems hone head the manual problems hone head the manual problems head the manual problems head the manual problems hone head	FEMALE CENTELLIDINARY	frequent urination	vaginal discharge	
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BLOOD / LYMPH Passes Pas	FEIVIALE GENITOURINAR	pelvic pain 🔾	painful menstruation	
Incontinence (urine leakage) frequent nighttime urination NONE			abnormal vaginal bleeding	
Display the painful urination Display the painful urinatio				O NONE
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Testicular pain Incontinence (urine leakage) NONE				
BLOOD / LYMPH easy bleeding swollen lymph node(s) easy bruising NONE please fold on dotted line rash / hives (location): skin wound (location): suspicious growth on skin pipel discharge in a mole nipple discharge breast pain breast tenderness scalp tenderness NONE tremor (location): facial pain temple pain difficulty walking confused difficulty walking loss of strength partial paralysis convusions memory loss change in sense of smell, touch sensation of room spinning and/or taste (numbness or tingling) MUSCULOSKELETAL joint pain joint swelling joint swelling muscle cramps limb pain limb pain limb pain partial paralysis cramps limb swelling partial paralysis cramps limb swelling partial paralysis cramps limb swelling loint stiffness limb pain pack pain muscle pain muscle pain muscle pain muscle pain limb pain pain pain pain pain pain pain limb pain pain pain disorder suicidal thoughts sleep disturbances end of the pain disorder suicidal thoughts sleep disturbances end of the faishes excessive thirst cold intolerance feelings of weakness heat intolerance skin color change NONE ALLERGIC allergy testing recurrent infections (type/s of infection):		•		
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er e	ALLERGIC /	allergy testing	recurrent infections (type/s of infection):	
			. Source in Collons (type) so infection).	
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OTHER SYMPTOMS NOT LISTED				_