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***.

Marking Instructions

Please use a #2 pencil.
Fill in the complete oval as shown...

PLEASE PRINT PATIENT'S LAST NAME

PATIENT'S FIRST NAME | MIDDLE INITIAL | PATIENT'S DATE OF BIRTH (Month / Day / Year)

Are you able to care for yourself (bathe, dress, feed yourself, walk, etc.)? yes ○ no ○

Do you have any nutrition concerns? yes ○ no ○

Please mark all symptoms you are CURRENTLY experiencing.

Mark all that apply. If you have no symptoms in a category, please mark "NONE."

GENERAL

fatigue ○
tired / weak ○
change in appetite ○
fever ○
chills ○
night sweats ○
recent weight gain (_____lbs) ○
recent weight loss (_____lbs) ○
NONE ○

please fold on dotted line

EYES

eye pain ○
red eyes ○
eye discharge ○
watery eyes ○
dry eyes ○
itchy eyes ○
change in vision ○
NONE ○

EAR / NOSE / THROAT

earache ○
nasal discharge ○
ringing in ears ○
dizziness ○
hearing loss ○
tooth pain ○
nosebleeds ○
sensation of room spinning ○
nasal stuffiness ○
nasal itching ○
snoring ○
difficulty swallowing ○
mouth sores ○
dry mouth ○
sore throat ○
hoarseness ○
tenderness in ear, nose or throat ○
NONE ○

CARDIOVASCULAR

chest discomfort ○
palpitations ○
rapid heartbeat ○
slow heartbeat ○
leg pain with activity ○
swelling in hands / arms or feet / legs ○
varicose veins ○
cold hands / arms or feet / legs ○
other pain in hands / arms or feet / legs ○
(describe): _____
NONE ○

please fold on dotted line

RESPIRATORY

cough ○
coughing up phlegm (thick mucous) ○
wheezing ○
shortness of breath ○
shortness of breath on exertion ○
difficulty breathing while sleeping ○
difficulty breathing while lying down ○
coughing up blood ○
sharp pain while breathing ○
abnormal sounds while breathing ○
NONE ○

GASTROINTESTINAL

abdominal pain ○
vomiting ○
nausea ○
constipation ○
diarrhea ○
heartburn ○
difficulty swallowing ○
belching ○
gas ○
painful swallowing ○
bloating ○
blood in stools ○
black or tarry stools ○
abdominal cramps ○
NONE ○

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FEMALE GENITOURINARY

- painful urination
- frequent urination
- kidney stones
- pelvic pain
- blood in urine
- incontinence (urine leakage)
- vaginal itching or burning
- vaginal discharge
- groin swelling
- painful menstruation
- abnormal vaginal bleeding
- frequent nighttime urination
- NONE

MALE GENITOURINARY

- painful urination
- frequent urination
- frequent nighttime urination
- hesitancy with urination
- testicular pain
- blood in urine
- testicular mass
- genital sore / growth
- erectile dysfunction
- kidney stones
- incontinence (urine leakage)
- NONE

BLOOD / LYMPH

- easy bleeding
- swollen lymph node(s)
- easy bruising
- NONE

please fold on dotted line

SKIN

- rash / hives (location): _____
- suspicious growth on skin
- change in a mole
- itching
- breast tenderness
- skin wound (location): _____
- breast mass
- nipple discharge
- breast pain
- scalp tenderness
- NONE

NEUROLOGICAL

- tremor (location): _____
- headache
- dizziness
- fainting
- partial paralysis
- memory loss
- sensation of room spinning
- facial pain
- temple pain
- difficulty walking
- confused
- loss of strength
- convulsions
- change in sense of smell, touch and/or taste (numbness or tingling)
- NONE

MUSCULOSKELETAL

- joint pain
- muscle pain
- muscle cramps
- back pain
- joint swelling
- joint stiffness
- limb pain
- limb swelling
- neck pain
- NONE

please fold on dotted line

PSYCHIATRIC

- depression
- anxiety
- sleep disturbances
- personality change
- panic disorder
- suicidal thoughts
- emotional problems
- NONE

ENDOCRINE

- hot flashes
- cold intolerance
- heat intolerance
- excessive urination
- excessive thirst
- feelings of weakness
- skin color change
- NONE

ALLERGIC / IMMUNOLOGIC

- allergy testing
- allergen desensitization (allergy shots)
- recurrent infections (type/s of infection): _____
- NONE

OTHER SYMPTOMS NOT LISTED

_____