Specialty: *Family Medicine*
Visit Type: *Primary Care Exam – v1.0*

Primary Care Review of Systems

Please answer every question

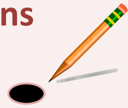
Compatible Note Forms:
Adult Male ROS FM v1.1
Adult Female ROS FM v1.0

PLEASE PRINT PATIENT'S LAST NAME

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

Marking Instructions

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



Please mark all symptoms you are CURRENTLY experiencing.

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

Category	Symptoms	Symptoms	
GENERAL	fatigue	fever, weight change	NONE
EYES	blurry vision, double vision, eye pain	eyes dry, eye discharge, red eyes	NONE
EAR / NOSE / THROAT	ear pain, hearing loss, nasal discharge	nasal congestion, sore throat, hoarseness	NONE

please fold on dotted line

Category	Symptoms	Symptoms	
NECK	mass	swollen lymph nodes, difficulty swallowing	NONE
CARDIOVASCULAR	chest discomfort, leg swelling, palpitations	feeling faint, nightly leg pain, calf pain with walking	NONE
BREASTS (WOMEN ONLY)	tenderness, mass	discharge, skin redness	NONE
RESPIRATORY	cough, wheezing, difficulty breathing on exertion	shortness of breath, disruptive snoring, witnessed apnea with sleep	NONE
GASTROINTESTINAL	abdominal pain, dark tarry stools, heartburn	change in stool, nausea, vomiting	NONE
MUSCULOSKELETAL	muscle pain, joint pain, joint swelling	joint stiffness, back pain, neck pain	NONE
NEUROLOGIC	headache, sensory change	difficulty walking, memory loss, dizziness	NONE
SKIN	rash	skin sores, changes in moles	NONE

please fold on dotted line

Category	Symptoms	Symptoms	
FEMALE GENITOURINARY	hesitancy, painful or difficult urination, incontinence	pelvic pain, painful menstruation, abnormal vaginal bleeding	NONE
MALE GENITOURINARY	hesitancy, painful or difficult urination, erectile dysfunction	testicular mass, frequently waking up to urinate, urethral discharge	NONE
PSYCHIATRIC	depressed, sleep disturbances	anxiety, inability to feel pleasure, suicidal thoughts	NONE
ENDOCRINE	hair loss, muscle weakness	excessive thirst, temperature intolerance	NONE
HEME/LYMPH	easy bruising, easy bleeding	swollen lymph nodes, night sweats	NONE
ALLERGY/IMMUNOLOGY	frequent infections	seasonal symptoms	NONE

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