

To reproduce, follow the printing instructions.

Fold only on the dotted lines.

Orthopedic Review of Systems

Please answer every question

Compatible Note Forms:
CHI Complete Male Ortho
CHI Complete-Female-Ortho

PLEASE PRINT PATIENT'S LAST NAME

Marking Instructions

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



PATIENT'S FIRST NAME

MIDDLE INITIAL

PATIENT'S DATE OF BIRTH

____/____/____

Month

Day

Year

Please mark all symptoms you are **CURRENTLY** experiencing.
Mark all that apply. If you have no symptoms in a category, please mark "NONE."

EYES	eye pain <input type="radio"/>	discharge from eyes <input type="radio"/>
	red eyes <input type="radio"/>	dry eyes <input type="radio"/>
	eyesight problems <input type="radio"/>	eyes itch <input type="radio"/> NONE <input type="radio"/>
ENT	earache <input type="radio"/>	nasal discharge <input type="radio"/>
	loss of hearing <input type="radio"/>	sore throat <input type="radio"/>
	nosebleeds <input type="radio"/>	hoarseness <input type="radio"/> NONE <input type="radio"/>
CONSTITUTIONAL	fever <input type="radio"/>	feeling tired <input type="radio"/>
	chills <input type="radio"/>	headache <input type="radio"/>
	feeling poorly <input type="radio"/>	recent weight loss <input type="radio"/> NONE <input type="radio"/>

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MUSCULOSKELETAL	muscle weakness <input type="radio"/>	joint stiffness <input type="radio"/>
	joint pain <input type="radio"/>	limb pain <input type="radio"/>
	joint swelling <input type="radio"/>	limb swelling <input type="radio"/> NONE <input type="radio"/>
CARDIOVASCULAR	heart rate is slow <input type="radio"/>	palpitations <input type="radio"/>
	heart rate is fast <input type="radio"/>	leg cramping <input type="radio"/>
	chest pain <input type="radio"/>	lower extremity swelling <input type="radio"/> NONE <input type="radio"/>
RESPIRATORY	shortness of breath <input type="radio"/>	asthma <input type="radio"/>
	wheezing <input type="radio"/>	shortness of breath while lying flat <input type="radio"/>
	cough <input type="radio"/>	shortness of breath on exertion <input type="radio"/> NONE <input type="radio"/>
NEUROLOGICAL	frequent falls <input type="radio"/>	difficulty with balance <input type="radio"/>
	confused <input type="radio"/>	fainting <input type="radio"/>
	convulsions <input type="radio"/>	limb weakness <input type="radio"/>
GENITOURINARY (females only)	dizziness <input type="radio"/>	difficulty walking <input type="radio"/> NONE <input type="radio"/>
	painful urination <input type="radio"/>	painful periods <input type="radio"/>
	incontinence <input type="radio"/>	pelvic pain <input type="radio"/>
GENITOURINARY (males only)	incomplete emptying of bladder <input type="radio"/>	vaginal discharge <input type="radio"/> NONE <input type="radio"/>
	painful urination <input type="radio"/>	hesitancy <input type="radio"/>
	incontinence <input type="radio"/>	genital lesion <input type="radio"/>
HEMATOLOGIC	urinary frequency <input type="radio"/>	testicular pain <input type="radio"/> NONE <input type="radio"/>

----- please fold on dotted line -----

GASTROINTESTINAL	abdominal pain <input type="radio"/>	diarrhea <input type="radio"/>
	vomiting <input type="radio"/>	heartburn <input type="radio"/>
	constipation <input type="radio"/>	black or tarry stools <input type="radio"/> NONE <input type="radio"/>
INTEGUMENTARY	skin lesions <input type="radio"/>	change in a mole <input type="radio"/>
	skin wound <input type="radio"/>	breast pain <input type="radio"/>
	itching <input type="radio"/>	breast lump <input type="radio"/> NONE <input type="radio"/>
PSYCHIATRIC	suicidal <input type="radio"/>	depression <input type="radio"/>
	sleep disturbances <input type="radio"/>	change in personality <input type="radio"/>
	anxiety <input type="radio"/>	emotional problems <input type="radio"/> NONE <input type="radio"/>
ENDOCRINE	erectile dysfunction <input type="radio"/>	muscle weakness <input type="radio"/>
	hot flashes <input type="radio"/>	deepening of the voice <input type="radio"/>
		feelings of weakness <input type="radio"/> NONE <input type="radio"/>
HEMATOLOGIC		swollen glands <input type="radio"/>
	easy bleeding <input type="radio"/>	swollen glands in the neck <input type="radio"/>
	easy bruising <input type="radio"/>	blood clots <input type="radio"/> NONE <input type="radio"/>