

Specialty: Rheumatology

Visit Type: New pt visit
Est pt visit

Rheumatology Review of Systems

Please answer every question

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

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."

GENERAL

fatigue ☐
general discomfort ☐
change in appetite ☐

fever ☐
weakness ☐
night sweats ☐

weight gain ☐
weight loss ☐

NONE ☐

EYES

eye pain ☐
red eyes ☐
eye discharge ☐

watery eyes ☐
dry eyes ☐
itchy eyes ☐

change in vision ☐

NONE ☐

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

EAR / NOSE / THROAT

earache ☐
ringing in ears ☐
difficulty swallowing ☐
hearing loss ☐
jaw pain ☐

nosebleeds ☐
nasal discharge ☐
nasal congestion ☐
snoring ☐
mouth sores ☐

dry mouth ☐
sore throat ☐
temple pain ☐

NONE ☐

CARDIOVASCULAR

chest discomfort ☐
palpitations ☐
irregular heart rate ☐

leg pain with exercise ☐
swelling hands/feet ☐
cold hands/feet ☐

murmurs ☐

NONE ☐

RESPIRATORY

cough ☐
productive sputum ☐

wheezing ☐
shortness of breath ☐

coughing up blood ☐
pain with breathing ☐

NONE ☐

GASTROINTESTINAL

abdominal pain ☐
vomiting ☐
nausea ☐
constipation ☐

diarrhea ☐
heartburn ☐
pain with swallowing ☐
black or tarry stools ☐

bloating ☐
blood in stool ☐
abdominal cramps ☐

NONE ☐

FEMALE GENITOURINARY

painful urination ☐
frequent urination ☐
nighttime urination ☐

menopause ☐
pelvic pain ☐
vaginal itching/burning ☐

prior pregnancies ☐
miscarriages ☐
abnormal vaginal bleeding ☐

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

MALE GENITOURINARY

painful urination ☐
frequent urination ☐
nighttime urination ☐

urine leakage ☐
blood in urine ☐
kidney stones ☐

genital lesion ☐
testicular mass ☐
testicular pain ☐

NONE ☐

MUSCULOSKELETAL

joint pain ☐
joint swelling ☐
joint stiffness ☐

muscle pain ☐
muscle weakness ☐
morning stiffness ☐

back pain ☐
neck pain ☐

NONE ☐

Specialty: Rheumatology

Visit Type: New pt visit
Est pt visit

Rheumatology Review of Systems

Please answer every question

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

SKIN

rash ☐
easy bruising ☐
redness ☐
hives ☐

sun sensitivity ☐
tightness ☐
nodule ☐
tattoo ☐

hair loss ☐
color change of
hands/feet in cold ☐

NONE ☐

NEUROLOGICAL

headache ☐
dizziness ☐
fainting ☐
muscle spasms ☐
tremor ☐

memory loss ☐
limb weakness ☐
difficulty with balance ☐
numbness ☐
confused ☐

loss of consciousness ☐
seizures ☐
head injury ☐

NONE ☐

PSYCHIATRIC

excessive worries ☐
anxiety ☐
easily loses temper ☐

depression ☐
agitation ☐
difficulty falling asleep ☐

difficulty staying asleep ☐

NONE ☐

please fold on dotted line

ENDOCRINE

hot flashes ☐
cold intolerance ☐
heat intolerance ☐

frequent urination ☐
excessive thirst ☐
diabetes ☐

thyroid disorder ☐

NONE ☐

HEME/LYMPH

swollen glands ☐
tender glands ☐

anemia ☐
bleeding tendency ☐

transfusion ☐

NONE ☐

ALLERGIC/IMMUNOLOGIC

recurrent infections ☐

NONE ☐

please fold on dotted line