

Specialty: Obstetrics/Gynecology

Visit Type: New pt visit
Est pt visit

Gynecology Review of Systems

Please answer every question

Compatible Note form:
CHI Complete-Female Adult Gyn

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

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

CONSTITUTIONAL

fatigue ☐
general discomfort ☐
change in appetite ☐

fever ☐
chills ☐
night sweats ☐

weight gain ☐
weight loss ☐
nutrition concerns ☐

NONE ☐

EYES

eye pain ☐
red eyes ☐

blurry vision ☐
change in vision ☐

eyes watering ☐

NONE ☐

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

EAR / NOSE / THROAT

mouth sores ☐
mouth dry ☐
hoarseness ☐

difficulty swallowing ☐
earache ☐
sore throat ☐

sinus congestion ☐
sinus pain ☐
sinus pressure ☐

NONE ☐

CARDIOVASCULAR

chest discomfort ☐
palpitations ☐
swelling hands/feet ☐

rapid heart rate ☐
slow heart rate ☐
cold hands/feet ☐

other hand/foot pain ☐

NONE ☐

BREASTS

breast swelling ☐
breast tenderness ☐

breast mass ☐

nipple discharge ☐

NONE ☐

RESPIRATORY

wheezing ☐
shortness of breath lying flat ☐
shortness of breath on exertion ☐

cough ☐
shortness of breath ☐
coughing blood ☐

coughing sputum ☐
chest pain when inhaling ☐
noisy breathing ☐

NONE ☐

GASTROINTESTINAL

gets full quickly ☐
abdominal pain ☐
vomiting ☐
nausea ☐
constipation ☐
diarrhea ☐

heartburn ☐
bowel urgency ☐
difficulty swallowing ☐
reflux ☐
painful swallowing ☐
bowel incontinence ☐

unable to empty bowels ☐
bloating ☐
bloody stools ☐
dark stools ☐
belching ☐
gas ☐

NONE ☐

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

GENITAL

postmenopausal bleeding ☐
abnormal vaginal bleeding ☐
pelvic pain ☐
pelvic pressure ☐
swelling near groin ☐
vaginal pain ☐
vaginal discharge ☐
vaginal itching ☐
vaginal lump ☐

vaginal odor ☐
missed last period ☐
may be pregnant ☐
vulvar pain ☐
vulvar itching ☐
vulvar lump ☐
labial swelling ☐
premenopausal ☐
painful periods ☐

no monthly period ☐
heavy periods ☐
light periods ☐
infrequent periods ☐
decreased time ☐
between periods ☐
irregular cycle intervals ☐
irregular length of periods ☐
pain during intercourse ☐

NONE ☐

Specialty: Obstetrics/Gynecology

Visit Type: New pt visit
Est pt visit

Gynecology Review of Systems

Please answer every question

Compatible Note form:
CHI Complete-Female Adult Gyn

URINARY

- | | | |
|---|--|--|
| painful urination <input type="radio"/> | incontinence <input type="radio"/> | kidney stones <input type="radio"/> |
| bladder pain <input type="radio"/> | flank pain <input type="radio"/> | painful inability to urinate <input type="radio"/> |
| blood in urine <input type="radio"/> | urethral discharge <input type="radio"/> | small urinary stream <input type="radio"/> |
| burning sensation <input type="radio"/> | urine odor foul-smelling <input type="radio"/> | start/stop urinary stream <input type="radio"/> |
| urinary frequency <input type="radio"/> | trouble starting urination <input type="radio"/> | decreased urine volume <input type="radio"/> |
| urinary urgency <input type="radio"/> | night time urination <input type="radio"/> | cloudy urine <input type="radio"/> |
| incomplete bladder emptying <input type="radio"/> | urinary loss of control <input type="radio"/> | strain to start urination <input type="radio"/> |
| NONE <input type="radio"/> | | |

MUSCULOSKELETAL

- | | | |
|---------------------------------------|--------------------------------------|---------------------------------------|
| joint pain <input type="radio"/> | joint swelling <input type="radio"/> | back pain <input type="radio"/> |
| muscle pain <input type="radio"/> | neck pain <input type="radio"/> | muscle weakness <input type="radio"/> |
| joint stiffness <input type="radio"/> | | |
| NONE <input type="radio"/> | | |

INTEGUMENTARY

- | | | |
|--|--|------------------------------------|
| alopecia <input type="radio"/> | nailbed changes <input type="radio"/> | rash/hives <input type="radio"/> |
| soft tissue mass <input type="radio"/> | skin color changes <input type="radio"/> | skin lesions <input type="radio"/> |
| itching <input type="radio"/> | | |
| NONE <input type="radio"/> | | |

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

NEUROLOGICAL

- | | | |
|---|--|---|
| headache <input type="radio"/> | partial paralysis <input type="radio"/> | dizziness <input type="radio"/> |
| temporary loss of consciousness <input type="radio"/> | difficulty walking <input type="radio"/> | seizures <input type="radio"/> |
| memory loss <input type="radio"/> | sensory change <input type="radio"/> | numbness/tingling <input type="radio"/> |
| confused <input type="radio"/> | loss of strength <input type="radio"/> | |
| NONE <input type="radio"/> | | |

PSYCHIATRIC

- | | | |
|-----------------------------------|--|--|
| depression <input type="radio"/> | personality change <input type="radio"/> | suicidal ideations <input type="radio"/> |
| anxiety <input type="radio"/> | sleep disturbances <input type="radio"/> | hallucinations <input type="radio"/> |
| NONE <input type="radio"/> | | |

ENDOCRINE

- | | | |
|--|--|---|
| cold intolerance <input type="radio"/> | skin color changes <input type="radio"/> | excessive thirst <input type="radio"/> |
| heat intolerance <input type="radio"/> | hot flashes <input type="radio"/> | excessive urination <input type="radio"/> |
| NONE <input type="radio"/> | | |

HEME/LYMPH

- | | | |
|-------------------------------------|-------------------------------------|---|
| easy bleeding <input type="radio"/> | easy bruising <input type="radio"/> | swollen lymph nodes <input type="radio"/> |
| NONE <input type="radio"/> | | |

ALLERGIC/ IMMUNOLOGIC

- | | | |
|--|--|---|
| food allergies <input type="radio"/> | food sensitivity <input type="radio"/> | environmental sensitivity <input type="radio"/> |
| odor sensitivity <input type="radio"/> | hay fever <input type="radio"/> | recurrent infections <input type="radio"/> |
| NONE <input type="radio"/> | | |

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